

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-16-2001 90231 021 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099775

1. Entity Name
DREAM ICE, INC.

Principal Place of Business 13436 TEXAS WOOD CIRCLE ORLANDO FL 32824	Mailing Address 13436 TEXAS WOOD CIRCLE ORLANDO FL 32824
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DICAPUA, MICHAEL A 13436 TEXAS WOOD CIRCLE ORLANDO FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. DiCapua - Michael A. DiCapua Date: 4/24/01 Daytime Phone #: 407-466-2424

CR2E004 (10/00)

1172

DREAM ICE, INC.
13436 TEXAS WOODS CIRCLE
ORLANDO, FL 32824

10-00

63-4630 FL
1075

DATE April 17, 2001

\$ 100.00

State

PAY TO THE ORDER OF

Department of State
One hundred and fifty

DOLLARS



Bank of America

ACH/RPT 063000017

[Signature]

FOR

⑆001172⑆ ⑆063000047⑆ 00344696241⑆

⑆0000015000⑆

Attachment
9599

000060099778

Attachment 9599 # P00000099728

Form **SS-4**

Application for Employer Identification Number

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN	59-3677512
OMB No.	1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) DREAM ICE, INC.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 13436 Texas Wood Circle	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Orlando, Florida 32824	5b City, state, and ZIP code
	6 County and state where principal business is located Orange County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► Michael A. DiCapua, President (ssn 146-70-1523)	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input checked="" type="checkbox"/> Other corporation (specify) ► Sub S |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
Florida	

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) 10/24/00	11 Closing month of accounting year (see instructions) December
--	--

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

n/a

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural	Agricultural	Household
	0		

14 Principal activity (see instructions) ► Consulting (ice skating rink)

15 Is the principal business activity manufacturing? Yes No

16 To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)
		<input checked="" type="checkbox"/> N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►	Trade name ►
--------------	--------------

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
--	----------------------------	--------------

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) (407) 466-2424
Fax telephone number (include area code) ()

Name and title (Please type or print clearly) ► Elsie Sanchez, Treasurer

Signature ► *Elsie Sanchez* Date ► 10/26/00

Note: Do not write below this line. For official use only.

Please leave	Geo.	Ind.	Class	Size	Reason for applying
--------------	------	------	-------	------	---------------------