

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 20 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/22/02--01078--008
*****61.25 *****61.25

DOCUMENT # P94D00054402
1. Entity Name
KENDALL ICE ARENA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10355 HAMMOCKS BLVD.
Suite, Apt. #, etc.

3. Mailing Address
644 E. HALLANDALE BEACH BLVD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
HALLANDALE BEACH, FL

Zip
33196-2623 Country
U.S.A.

Zip
33009 Country
USA

4. FEI Number
65-0509713

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name
RICHARD RIESENBERG

Street Address (P.O. Box Number is Not Acceptable)
644 E. HALLANDALE BEACH BLVD.

City
HALLANDALE BEACH FL Zip Code
33009

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT MORTON STERN 16750 NE 35TH AVE. N. MIAMI BEACH, FL 33160</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT SHLOMO EPSTEIN 3267 NE 168TH ST. N. MIAMI BEACH, FL 33160</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY - TREASURER JOE STERN 16750 NE 35TH AVE. N. MIAMI BEACH, FL 33160</u>
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IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like employees.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/02 305-386-8288
Date Daytime Phone #