

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000932**

1. Entity Name

W-ICE LTD.

Principal Place of Business

**5310 N.W. 33RD AVENUE
SUITE 219
FORT LAUDERDALE FL 33309**

Mailing Address

**5310 N.W. 33RD AVENUE
SUITE 219
FORT LAUDERDALE FL 33309**

FILED

02 MAY -3 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**4901 N. FED. HWY
SUITE, Apt. #, etc.
100**

3. Mailing Address

**4901 N. FED. HWY.
SUITE, Apt. #, etc.
100**

DUE BY MAY 1, 2002

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0665978

Applied For

Not Applicable

Zip

33308

Country

Zip

33308

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBER, KENNETH T

**5310 N.W. 33RD AVENUE, SUITE 219
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4901 N. FED. HWY #100

City

FT. LAUDERDALE

FL

Zip Code

33308

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P94000007023**
NAME **TRION VENTURES VI, INC.**
STREET ADDRESS **5310 N.W. 33RD AVENUE, SUITE 219**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4901 N. FED. HWY #100**
CITY-ST-ZIP **FT. LAUDERDALE, FL, 33308**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/2002

954-491-3846

CR2E003 (9/01)