

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90019 017 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # 251933

1. Entity Name

I.C.Y. INC.

Principal Place of Business

**825 ARTHUR GODFREY ROAD
MIAMI FL 33140**

Mailing Address

**825 ARTHUR GODFREY ROAD
MIAMI FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0976824

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CYPEN, IRVING
825 ARTHUR GODFREY RD
MIAMI BEACH FL 33140**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CYPEN, BENJAMIN	
STREET ADDRESS	1001 SW 141 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	CYPEN, IRVING	
STREET ADDRESS	320 W. DI LIDO	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	CYPEN, HAZEL	
STREET ADDRESS	320 W. DI LIDO	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	CYPEN, IRVING	
STREET ADDRESS	320 W. DI LIDO	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	CYPEN, MILDRED	
STREET ADDRESS	1001 SW 141ST AVE	
CITY-ST-ZIP	PAMBROKE PINES FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 22, 2002

Date

305.532.3200

Daytime Phone #

CR2E034 (9/01)