

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90016 003 \*\*\*\*50.00

DOCUMENT # L000000001086

1. Entity Name

S B Ice LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

910 Lincoln Road

3. Mailing Address

910 Lincoln Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**20024821**

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65 0992098

Applied For

Not Applicable

Zip 33139

Country USA

Zip 33139

Country USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jonathan D. Beloff, Esq.

Street Address (P.O. Box Number is Not Acceptable) 1111 Lincoln Road #400

City Miami Beach

FL

Zip Code

33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jonathon D. Beloff, Esq.

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

1/10/03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mgr  
Robert Rifkin  
3605 S. Tamarac Dr.  
Denver, CO 80237

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mgr.  
David I Tornek  
3605 S. Tamarac Dr.  
Denver CO 80237

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mgr.  
Gerald N. Kernis  
3605 S. Tamarac Dr.  
Denver CO 80237

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

David I Tornek

Mgr

305.532.8003

305.532.8003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)