

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000003879**1. Entity Name  
ICEINTL, INC.**Principal Place of Business**

2100 BLUE SPRINGS ROAD

WEST PALM BEACH  
33411

FL

**Mailing Address**

2100 BLUE SPRINGS ROAD

WEST PALM BEACH  
33411

FL

**2. Principal Place of Business**

353 NATHAN HALE ROAD

**3. Mailing Address**

353 NATHAN HALE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

WEST PALM BEACH

FL

**City & State**

WEST PALM BEACH

FL

**4. FEI Number****65-0972792****Applied For**☐ Not ApplicableZip  
33405

Country

Zip  
33405

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**EISENBERG MICHAEL  
2100 BLUE SPRINGS ROADWEST PALM BEACH  
33411

FL

**7. Name and Address of New Registered Agent****Name**

EISENBERG MICHAEL

Street Address (P.O. Box Number is Not Acceptable)  
353 NATHAN HALE ROADCity  
WEST PALM BEACH

FL

Zip Code  
33405

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)

**04/20/2001**

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, 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	EISENBERG MICHAEL L	
STREET ADDRESS	2100 BLUE SPRINGS ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

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

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

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

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EISENBERG MICHAEL L		
STREET ADDRESS	353 NATHAN HALE ROAD		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		

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
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
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:** Michael L. Eisenberg

pd

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)