

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012084

1. Entity Name

BROADWAY N.Y. ITALIAN ICES, INC.

Principal Place of Business

Mailing Address

7832 VINEYARD LAKE ROAD NORTH
JACKSONVILLE FL 32256

7832 VINEYARD LAKE ROAD NORTH
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7932 Vineyard Lake Rd. N.

Suite, Apt. #, etc.

7932 Vineyard Lake Rd. N.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3635552

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JETER, WILLIAM H JR
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

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, 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	RM	<input type="checkbox"/> Delete
NAME	KOKHXXXXXXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
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
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOENIGSBERG, ERIK J.	
STREET ADDRESS	7932 VINEYARD LAKE ROAD NORTH	
CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32256	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOENIGSBERG, HELENE M.	
STREET ADDRESS	9123 TIMBERLIN LAKE ROAD	
CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32256	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01

Daytime Phone #

2/

FILED
Mar 20, 2001 8:00 am
Secretary of State

02-21-2001 90057 013 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)