

2001 UNIFORM BUSINESS REPORT (UBR)

2/

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

02-21-2001 90057 013 ***150.00

DOCUMENT # P00000012084

1. Entity Name
BROADWAY N.Y. ITALIAN ICES, INC. ✓

Principal Place of Business Mailing Address
7832 VINEYARD LAKE ROAD NORTH **7832 VINEYARD LAKE ROAD NORTH**
JACKSONVILLE FL 32256 **JACKSONVILLE FL 32256**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
7932 Vineyard Lake Rd. N. **7932 Vineyard Lake Rd. N.**
 City & State City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number
59-3635552 Applied For
 Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PH <input type="checkbox"/> Delete
NAME	KXXXXXXXXXXXXXXXXXX
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXX
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: *Erik Koenigsberg* 2/14/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)