

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90019 033 ***150.00

DOCUMENT # P00000048634

1. Entity Name

ICEPACK INVESTORS/MANAGEMENT, INC.

Principal Place of Business

**4520 N W 6TH CT.
 PLANTATION FL 33317**

Mailing Address

**4520 N W 6TH CT.
 PLANTATION FL 33317**

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

65-1009563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOK, DONALD F
 1207 S. THOMPSON AVE
 DELAND FL 32720**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **HALL, DAVID**
 STREET ADDRESS **4864 N W 97TH DR.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **S** ☐ Change ☒ Addition
 NAME **Audrey Lawrence**
 STREET ADDRESS **2724 S. Univ. Dr. 14B**
 CITY-ST-ZIP **Davie, FL 33328**

TITLE **V** ☐ Delete
 NAME **THORNTON, RUDY**
 STREET ADDRESS **1061 N W 80TH AVE**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **V/T** ☒ Change ☐ Addition
 NAME **Ruby Thornton**
 STREET ADDRESS **1061 N.W. 80th Ave**
 CITY-ST-ZIP **Margate, FL 33063**

TITLE **S** ☐ Delete
 NAME **DRISDOM, JANIE**
 STREET ADDRESS **4520 N W 6TH CT**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☒ Change ☐ Addition
 NAME **Janie Drisdome**
 STREET ADDRESS **4520 N.W. 6th Ct**
 CITY-ST-ZIP **Plantation, FL 33317**

TITLE **T** ☒ Delete
 NAME **LAMPKIN, GWENDOLWYN**
 STREET ADDRESS **6901 SW 28TH STREET**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **GREGG, SAMUEL**
 STREET ADDRESS **4231 NW 75TH TERRACE**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Janie Drisdome **Janie Drisdome**

Date

4/25/2002

Daytime Phone #

954-584-4098

CR2E034 (9/01)