

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90136 020 ***272.50

DOCUMENT# P00000068022

1. Entity Name
ICE CAVERN, INC.

Principal Place of Business

**5365 NW 54TH STREET
 COCONUT CREEK FL 33073**

Mailing Address

**5365 NW 54TH STREET
 COCONUT CREEK FL 33073**

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

105-1034344

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

**ARONSON, CAROLE ESQ
 WEINER & ARONSON PA
 102 NORTH SWINTON AVENUE
 DELRAY BEACH FL 33444**

Name
James F. Miller, Esq./ James F. Miller & Assoc. PA

Street Address (P.O. Box Number is Not Acceptable)
16950 Jog Road, Suite 102

City
Delray Beach

FL

Zip Code
33446

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

James F. Miller, Esq.
 Signature typed or printed name of registered agent and title if applicable.

JAMES F. MILLER, ESQ. REGISTERED AGENT

4-28-01

(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
DPS
 NAME
CHICOYNE, RONALD
 STREET ADDRESS
5365 NW 54TH STREET
 CITY-ST-ZIP
COCONUT CREEK FL 33073

☐ Delete

TITLE
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 STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Ronald Chicoyne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

954-609-0617

Daytime Phone #

CR2E034 (10/00)