

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90111 014 \*\*\*150.00

**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

**ICE LOUNGE**  
 Suite, Apt. #, etc.  
**2 E. Atlantic Ave.**

**ICE CAVERN, INC.**  
 Suite, Apt. #, etc.  
**2 E. Atlantic Ave.**

City & State  
**Delray Bch., FL**

City & State  
**Delray Bch., FL**

Zip  
**33444**

Country  
**U.S.**

Zip  
**33444**

Country  
**U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1034344**

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

~~MILLER, ESQ., JAMES F~~  
~~16950 JOG ROAD~~  
~~SUITE 102~~  
~~DELRAY BEACH FL 33446~~

OMIT

**Ron Chicoyne**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2 E. Atlantic Ave.**

City

**Delray Bch.**

FL

Zip Code

**33444**

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 **Ronald P. Chicoyne**

**4-22-02**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPS<br/>CHICOYNE, RONALD<br/>5365 NW 54TH STREET<br/>COCONUT CREEK FL 33073</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

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|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 P. Chicoyne**

**4-22-02 954-427-6399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)