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	Mailing Address
5365 NW 54TH STREET COCONUT CREEK FL 33073	5365 NW 54TH STREET COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ICE LOUNGE	ICE CAVERN, INC.
Suite, Apt. #, etc.: 2 E. Atlantic Ave.	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.

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

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

7. Name and Address of New Registered Agent

Name ~~ICE CAVERN as Self~~
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS CHICOYNE, RONALD 5365 NW 54TH STREET COCONUT CREEK FL 33073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 #