

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000070387**1. Entity Name
VISUAL ICE INC.

Principal Place of Business 331 188TH STREET SUNNY ISLES BEACH FL 33160	Mailing Address 331 188TH STREET SUNNY ISLES BEACH FL 33160
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2. Principal Place of Business 16300 NE 19TH AVE	3. Mailing Address
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Suite, Apt. #, etc. 213	Suite, Apt. #, etc.
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City & State NORTH MIAMI BEACH FL	City & State
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Zip 33162	Country	Zip	Country
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4. FEI Number 65-1031683	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BUSINESS FILINGS INCORPORATED**
1000 WEST AVENUE
NO. 1114
MIAMI BEACH FL 331390000
US**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 _____ **04/13/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MORENO MIGUEL	
STREET ADDRESS	254 SW 166TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

TITLE	D	<input type="checkbox"/> Delete
NAME	CATALFU PETER A	
STREET ADDRESS	331 188TH STREET	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Peter A Catalfu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORD **04/13/2001**

Date

Daytime Phone #

CR2E034 (11/00)