

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90018 020 \*\*\*150.00

**DOCUMENT # P01000057503**

1. Entity Name

ICE MAGIC OF SOUTH EAST FLORIDA, INC.

Principal Place of Business

501 BRICKELL KEY DRIVE, SUITE 504  
 MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DRIVE, SUITE 504  
 MIAMI FL 33131

2. Principal Place of Business

2164 NW 22nd Court

Suite, Apt. #, etc.

3. Mailing Address

2164 NW 22nd Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip  
 33142

Country  
 Dade

City & State

Miami, FL

Zip  
 33142

Country  
 Dade

4. FEI Number

65-1113118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, WESLEY M ESQ.  
 501 BRICKELL KEY DRIVE, SUITE 504  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
 Meg Holderman

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

City  
 Key Biscayne FL Zip Code  
 33149

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 Meg R. Holderman Meg R. Holderman 3/08/02  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Meg R. Holderman 228 Westwood Drive Key Biscayne, FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Dean A. Holderman 228 Westwood Drive Key Biscayne, FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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: Meg R. Holderman Meg R. Holderman 3/08/02 305-635-8088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)