FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90716 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064880

1. Entity Name
ICEMA ENTERPRISES, INC.

11039641

Principal Place of Business	Mailing Address
10746 ROYAL PALM BEACH CORAL SPRINGS, FL 33065	10746 ROYAL PALM BEACH CORAL SPRINGS, FL 33065

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10746 Royal Palm Bch	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs FL	City & State
Zip: 33065 Country	Zip Country

4. FEI Number: 65-1120183 ☐ 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
MORAN, MANUEL 10746 ROYAL PALM BEACH CORAL SPRINGS, FL 33065	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORAM, MANUEL 10746 ROYAL PALM BEACH CORAL SPRINGS, FL 33065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #