

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90211 029 \*\*\*150.00

0180470 AV

**DOCUMENT # P01000103564**

**1. Entity Name**  
**THE ICE GROUP INC.**



**Principal Place of Business**  
**3770 OVERSEAS HIGHWAY**  
**MARATHON FL 33050**

**Mailing Address**  
**3770 OVERSEAS HIGHWAY**  
**MARATHON FL 33050**

**2. Principal Place of Business**  
**1350 W. MOWRY DR**

**3. Mailing Address**  
**1350 W. MOWRY DR.**

**Suite, Apt. #, etc.**  
**Homestead, Fla.**

**Suite, Apt. #, etc.**  
**Homestead, Fla.**

**City & State**

**City & State**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-1152844**

**Applied For**  
**Not Applicable**

**Zip**  
**33030**

**Country**  
**USA**

**Zip**  
**33030**

**Country**  
**USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ALVAREZ, FRANK H**  
**3191 CORAL WAY, SUITE 1010**  
**MIAMI FL 33145**

**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. 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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **SD** ☐ Delete  
**NAME** **MOLL, LORENZO**  
**STREET ADDRESS** **120 9 STREET**  
**CITY-ST-ZIP** **KEY COLONY BEACH FL 33051**

**TITLE** **PD** ☐ Delete  
**NAME** **NORMAN, KIRBY T**  
**STREET ADDRESS** **201 NORTHEAST 6 STREET**  
**CITY-ST-ZIP** **BELLE GLADE FL**

**TITLE** **T** ☐ Delete  
**NAME** **VALDES, ROLANDO**  
**STREET ADDRESS** **7500 S.W. 84TH COURT**  
**CITY-ST-ZIP** **MIAMI FL 33143**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
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**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 REQUIRED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (10/02)