

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-25-2002 90187 047 ***150.00

DOCUMENT # P93000086974

1. Entity Name
D M ICE, INC.

Principal Place of Business

~~3090 NW 33RD ST.~~
~~MIAMI FL 33142~~

Mailing Address

~~3090 NW 33RD ST.~~
~~MIAMI FL 33142~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0497738**

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

MEDINA, DAVID
3090 NW 33ST
MIAMI FL 33142

Name **DAVID MEDINA**

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

17610 N.E. 8TH PLACE

NORTH MIAMI BEACH - FLORIDA

City

FL

Zip Code
33162

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

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	D	<input type="checkbox"/> Delete
NAME	MEDINA, DAVID	
STREET ADDRESS	3090 NW 33RD ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4- 9- 02

Date

Daytime Phone #

305-6520323

CR2E034 (9/01)

Attachment

25007

#P93000086874

NEW ADDRESS

D.M. ICE, INC.

17610 NE 8PL.

N. Miami Beach 33162