2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 18, 2000 8:00 am Secretary of State DOCUMENT # P95000021191 1. Entity Name ICY DRIVEWAY, INC. 07-18-2000 90091 045 ***550.00 Principal Place of Business Mailing Address 4101 N ANDREWS AVE 4101 N ANDREWS AVE Suite 302 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Bysiness 2762 3. Mailing Address J. OBHLIMD W OAKLAND PARK BLUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0566808 LAUDERDALE Not Applicable Country BREW ARK \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name TANENHOLZ, VICTOR Street Address (P.O. Box Number is Not Acceptable) 3750 GALT OCEAN DR SUITE 601 FT LAUDERDALE FL 33308 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. PD Delete TITLE Addition | TITLE NAME TANENHOLZ, CORIE NAME STREET ADDRESS STREET ADDRESS 3750 GALT OCEAN DR #601 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete Change Addition TITLE TITLE TANENHOLZ, VICTOR NAME NAME STREET ADDRESS 3750 GALT OCEAN DR #601 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL (Addition ☐ Change Delete = == _TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: | SIGNATURE | SIGNATUR