2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000021191



FILED Jan 16, 2003 8:00 am Secretary of State

ICY DRIV	/EWAY, INC.		7		01-16-2003 90053	011 ***150	.00	
Principal Place of Business 2762 W OAKLAND PARK BLVD FORT LAUDERDALE FL 33311 US			2762 W OAKLAND PARK BLVD FORT LAUDERDALE FL 33311					
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apl	t. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 65-0566808		Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired		litional	
	6. Name and Address of	Current Registered Agent			7. Name and Address of New Registered			
	OLZ, VICTOR	The second secon	· · · · ·	Name Street Address (P.O. Box Number is Not Acceptable)	- · · ·		
3750 GALT OCEAN DR				Street Address (P.O. Box Number is Not Acceptable) 2000 S. OCEAW BLUD				
SUITE 601				APT PH-K				
FT LAUDERDALE FL-33308				City Boc	A RAND F	Zip Code	432	
8. The above the obliga SIGNATURE	Tuctor V	Panento		·	ed agent, or both, in the State of Florida. I ar	n familiar with, a $2\sqrt{63}$	and accept	
	Signature, typed or printed name of regis	tered agent and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating) DATE			
Afte	FILE NOW!!! FEE IS \$150 Ir May 1, 2003 Fee will be \$ k Payable to Florida Depar	550.00			Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICE	RS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	INI 11	
TITLE	PD	☐ Delet			ADDITIONS/CHANGES TO OFFICERS AP	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TANENHOLZ, CORIE 3750 GALT OCEAN DR # FT-LAUDERDALE FL-	601 <u>.</u>		TADDRESS 200	OO S.OCEAN BLUD	APT PI		
TITLE NAME	VD TANENHOLZ, VICTOR	☐ Delet	NAME		CA RATEN FC. 3		Addition	
STREET ADDRESS CITY-ST-ZIP	3750 GALT OCEAN DR # FT LAUDERDALE FL	691		T ADDRESS 26	CO S. OCEAN BLUECA PLATEN FL.	33437	*H-H	
title ~ Name		= Deleti	O		- La Company of the Company	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	¢	☐ Delete	NAME	T ADDRESS		☐ Change	Addition	
TITLE NAME		☐ Delete		., .n		Change	Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	-			
TITLE NAME	` '	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			CHTY-S		· 			
2. I hereby o	ertify that the information supp	lied with this filing does not gua	alify for the exem	ntion stated in Sec	ction 119 07(3)(i) Florida Statutes, I further os	etify that the inf	armetica	

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:

LVanBLO (IRED