

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097452

1. Entity Name

ICE ARENAS INVESTMENT CORP.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90117 032 ***150.00

Principal Place of Business

720 ROY WALL BLVD
ROCKLEDGE FL 32955

Mailing Address

720 ROY WALL BLVD
ROCKLEDGE FL 32955

754603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3355640**

Applied for
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Does not

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAR-NAVON, BOAZ
720 ROY WALL BLVD
ROCKLEDGE FL 32955

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and date (Note: Registered Agent's signature required when reappointing)

(NOTE: Registered Agent's signature required when reappointing)

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, 2001 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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BAR-NAVON, HAIM 720 ROY WALL BLVD ROCKLEDGE FL 32955	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD BAR-NAVON, BOAZ 720 ROY WALL BLVD ROCKLEDGE FL 32955	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD BAR-NAVON, ZIVA 720 ROY WALL BLVD ROCKLEDGE FL 32955	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

DATE

NOTARY PUBLIC

CR2E034 (7-0-00)