

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015348

1. Entity Name

ICEPLEX HOLDING CORP.

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

05-01-2001 90117 031 ***150.00

Principal Place of Business

720 ROY WALL BLVD
ROCKLEDGE FL 32955

Mailing Address

720 ROY WALL BLVD
ROCKLEDGE FL 32955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number **59-3430753**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

State

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 title (applicable)

(NOTE: Registered Agent's signature required when filing this statement)

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 \$250.00
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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 or changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

Haim Bar-Navon, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
Date

(321) 5047500
Filing Fee

CH2E034 (10/00)