## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

P98000016783

**DOCUMENT#** 1. Entity Name



**FILED** May 02, 2003 8:00 am Secretary of State

05-02-2003 90715 043 \*\*\*150.00

ATLANTIC DRY ICE CORPORTION											
Principal Place of Business 1209 N.W. 93RD COURT MIAMI FL 33172			1209	Mailing Address 1209 N.W. 93RD COURT MIAMI FL 33172				Libraria de caracidad de la composición della co	. <b>22</b> 171 mant <b>22</b> 12	. 1861 <b>8 S</b> ilis (868)	<b>Bibo</b> sisi r <b>ad</b> i
2. Principal F	Place of Busin	ness	3. Ma	iling Address							
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	te		City	City & State			4.	FEI Number 65-02587	82	<del></del>	oplied For ot Applicable
Zip	Country		Zip	Zip Cour		try	5.	Certificate of Status Desire	d []	\$8.75 Add	
	6. Name	and Address of Curre	nt Register	ed Agent		7. Name and Address of New Registered Agent					
						Name					
MONTEJO, RAUL E					!	Street Address	Circuit Address (DO Double where its Not Associable)				
1209 N.W. 93RD COURT						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	33172										
	<b></b>				,	-				1 = 0 .	
						City			F	L Zip Codi	e
	named entity tions of regist		t for the purp	pose of changing its	registere	ed office or registe	ered ag	gent, or both, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE .	Signature typed	or printed name of registered ag	ent and title if app	plicable. (NOTE	: Registered	d Agent signature require	ed when re	einstating)	DATE		)
F	II E NOW!!	! FEE IS \$150.00					<del></del>				
After May 1, 2003 Fee will be \$550.00								9. Election Campaign			May Be
Make Check Payable to Florida Department of State								Trust Fund Contribu	ution.	☐ Added	I to Fees
10.		OFFICERS AN	ND DIRECTO	DRS	11.		AE	DDITIONS/CHANGES TO C	OFFICERS AN	D DIRECTORS	3 IN 11
TITLE	D			☐ Delete	TITLE					☐ Change	Addition
NAME	MONTEJO	, Kenia		_ 5,,	NAMI	E					_
STREET ADDRESS	EET ADDRESS 1209 N.W. 93RD COURT				STRE	STREET ADDRESS					
CITY-ST-ZIP	MIAM! FL	33172			CITY	- ST-ZIP					
TITLÉ:	D			☐ Delete	TITLE					☐ Change	☐ Addition
NAME	MONTEJO				NAM	E					[
STREET ADDRESS		93RD COURT			STRE	et address					
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CITY-ST-ZIP						ST-ZIP					
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TITLE Name				☐ Delete	TITLE	I				☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #