

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90136 021 \*\*\*158.75

11A0600 AV

**DOCUMENT # P99000095679**

1. Entity Name  
**FLORIDA ICE CORPORATION**

Principal Place of Business      Mailing Address  
**4500 NW 183RD STREET**      **4500 NW 183RD STREET**  
**MIAMI FL 33055**      **MIAMI FL 33055**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0983001**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDELMAN, STUART J ESQ.**  
**1320 SOUTH DIXIE HIGHWAY**  
**SUITE 450**  
**CORAL GABLES FL 33146**

Name **Hector Verdi**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4500 NW 183 ST.**  
 City **MIAMI**      FL      Zip Code **33055**

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 *Hector Verdi* **Hector Verdi Presi**      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, 2002 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 IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VERDI, HECTOR</b>
STREET ADDRESS	<b>4500 NW 183RD STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33055</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, MARIA</b>
STREET ADDRESS	<b>4500 NW 183RD STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33055</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GUERRA, MIGUEL</b>
STREET ADDRESS	<b>4500 NW 183RD STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33055</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hector Verdi</b>
STREET ADDRESS	<b>4500 NW 183 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33055</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Maria L. Rodriguez</b>
STREET ADDRESS	<b>4500 NW 183 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33055</b>
TITLE	<b>V President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Miguel Guerra</b>
STREET ADDRESS	<b>4500 NW 183 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33055</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Hector Verdi* **HECTOR VERDI**      Date **2/11/02**      Daytime Phone # **305-625-0074**

CR2E034 (9/01)