

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90044 018 \*\*\*150.00

815585



DO NOT WRITE IN THIS SPACE

**DOCUMENT # S60874**

**1. Entity Name**  
**ICE JEWELRY II, INC.**

**Principal Place of Business**

**Mailing Address**

**PLAZA REAL**  
**BOCA RATON FL 33432-3940**

**411 PLAZA REAL**  
**BOCA RATON FL 33432-3940**

**2. Principal Place of Business**

**3. Mailing Address**

**Boca Raton 411**  
 Suite, Apt. #, etc.

**Plaza Real**  
 Suite, Apt. #, etc.

**Boca Raton**  
 City & State

**FL**  
 City & State

**4. FEI Number** **65-0266872**

**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**

**MIZRAHI, SHARI**  
**411 PALZA REAL**  
**BOCA RATON FL 33432**

**Name**

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

**City**

**FL**

**Zip Code**

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.

*Shari Mizrahi*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

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, 2000 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**

**OFFICERS AND DIRECTORS**

**12.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>P</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MIZRAHI, SHARI</b>		<b>NAME</b>	
<b>411 PLAZA REAL</b>		<b>STREET ADDRESS</b>	
<b>BOCA RATON FL</b>		<b>CITY-ST-ZIP</b>	
<b>T</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MIZRAHI, SAM</b>		<b>NAME</b>	
<b>411 PLAZA REAL</b>		<b>STREET ADDRESS</b>	
<b>BOCA RATON FL</b>		<b>CITY-ST-ZIP</b>	
	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>NAME</b>	
		<b>STREET ADDRESS</b>	
		<b>CITY-ST-ZIP</b>	
	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>NAME</b>	
		<b>STREET ADDRESS</b>	
		<b>CITY-ST-ZIP</b>	
	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>NAME</b>	
		<b>STREET ADDRESS</b>	
		<b>CITY-ST-ZIP</b>	
	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>NAME</b>	
		<b>STREET ADDRESS</b>	
		<b>CITY-ST-ZIP</b>	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)