

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90015 030 ***150.00

DOCUMENT # S66862

1. Entity Name
ISLAND ICE, INC.

Principal Place of Business
3225 AVIATION AVE #700
COCONUT GROVE FL 33133
US

Mailing Address
3225 AVIATION AVE #700
COCONUT GROVE FL 33133
US



2. Principal Place of Business

2200 NORTH COMMERCE PARKWAY
Suite 206

3. Mailing Address

2200 NORTH COMMERCE PARKWAY
Suite 206

DO NOT WRITE IN THIS SPACE

City & State
Weston, Florida

City & State
Weston, Florida

4. FEI Number **65-0282044**

Applied For
Not Applicable

Zip **33326** **Country** **USA**

Zip **33326** **Country** **USA**

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

6. Name and Address of Current Registered Agent

KLITZMAN, LAWRENCE S.
3225 AVIATION AVE #700
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name **LARRY**
Street Address (P.O. Box Number is Not Acceptable) **2200 NORTH COMMERCE PARKWAY Suite 206**
City **Weston** **FL** **Zip** **33326**

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 **Lawrence S. Klitzman** **4-30-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ **Delete**
NAME **KLITZMAN, ROBIN**
STREET ADDRESS **3225 AVIATION AVE #700**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME **ROBIN KLITZMAN**
STREET ADDRESS **2200 NORTH COMMERCE PARKWAY Suite 206**
CITY-ST-ZIP **Weston, Florida 33326**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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: **SIGNATURE REQUIRED: ROBIN KLITZMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 **954-384-4421**
Date Daytime Phone #

CR2E034 (9/01)