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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V46021

1. Corporation Name

MIAMI ICE ARENA, INC.

Principal Place of Business

Mailing Address

14770 BISCAYNE BLVD.
N. MIAMI BCH FL 33181
US

MIAMI ICE ARENA, INC.
P. O. BOX 611183
NORTH MIAMI FL 33261-1183
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1992

4. FEI Number

65-0345187

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 644 E. HALLANDALE
BEACH BOULEVARD

27 City & State
28 HALLANDALE FL

29 Zip Country

30 33009 USA

9. Name and Address of Current Registered Agent

EPSTEIN, ROBIN
3267 N. E. 168TH STREET
N. MIAMI BCH FL 33160

10. Name and Address of New Registered Agent

81 Name RICHARD RIESENBERG
82 Street Address (P.O. Box Number is Not Acceptable)
644 E HALLANDALE BEACH BLVD
83
84 City HALLANDALE FL 85 Zip Code 33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

29 April 99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	EPSTEIN, ROBIN	3267 NE 168TH ST	MIAMI FL	<input type="checkbox"/>
VP	MORTON, STEVEN	16750 N.E. 35TH AVENUE	N. MIAMI BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 99

Date

Daytime Phone #

954-704-8700

CR2E034 (11/98)

0278066