

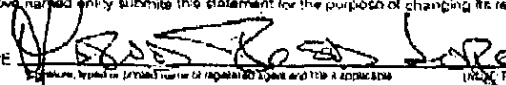
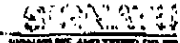
FROM :

PHONE NO. :

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90008 046 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 000000041046	
1. Filing Name TROPICAL SNOW CONE, CORP.	
Principal Place of Business 411 ESPANOLA WAY MIAMI BEACH FL 33139 US	Mailing Address 1230 SW 132 COURT #210 MIAMI BEACH FL 33139 US
2. Principal Place of Business 411 ESPANOLA WAY	3. Mailing Address 1230 SW 132 COURT #210
City & State MIAMI BEACH	City & State MIAMI BEACH
Zip 33139	Country US
4. FRI Number 65-0805591	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, MARIA R 15085 SW 141 TERRACE MIAMI FL 33196	
7. Name and Address of New Registered Agent Name Street Address (F.O. Box Number is Not Acceptable) City FL Zip 33139	
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  DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☒ FILE NOW!!! FEE \$150.00 After MAY 1, 2000 Fee will be \$350.00 Make Check Payable to Department of State	
10. Election Campaign Financing ☒ \$5.00 May Be Added to Fee Trust Fund Contribution ☐	
11. OFFICERS AND DIRECTORS	
11a. OFFICERS AND DIRECTORS	11b. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD LOPEZ, MARIA R 12300 SW 132 COURT #210 MIAMI FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ 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)(b), 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 as changed, or on an attachment with an address, with all other was empowered.	
SIGNATURE:  DATE	

CR-2004 (04/99)

Attachment Doc # P95000094427
B0102724

DAVID R. ROY, P.A.

Attorneys at Law

[] Reply to [X]

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Boca Raton, Florida 33432
Telephone: (561) 391-4498
Facsimile: (561) 391-8406

July 3, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Sonman Painting, Inc.

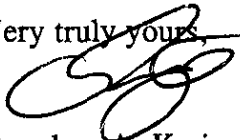
Dear Sir/Madam:

Please find enclosed the Uniform Business Report along with a check in the sum of \$150.00.

The Uniform Business Report had not been received by our client and our office had made several requests until it finally received the UBR for filing. As discussed, please find enclosed the check in the sum of \$150.00 and the UBR.

If you have any questions, please call me at (561) 391-4498.

Very truly yours,



Douglass A. Kreis
DAK/jn

Encl.