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 # P98000041646

Entity Name

TROPICAL SNOW CONE, CORP.

Principal Place of Business
441 ESPANOLA WAY
MIAMI BEACH FL 33139
US

Mailing Address
1350 NW 133 TERRACE
PEMBROKE PINES FL 33028
US

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address: 441 Espanola Way — Suite, Apt. #, etc.: Miami Beach — City & State: FL 33139 — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0805591 — Applied For / Not Applicable

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 (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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 — 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 attached document) ☐

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPEZ, MARIA R 12360 SW 132 COURT #210 MIAMI FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 AND TYPED OR PRINTED NAME — Date — Daytime Phone #

Attachment Doc # P95000096427
B0102724

DAVID R. ROY, P.A.

Attorneys at Law

[ ] Reply to [X]

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JILL BETH NEWMAN, ESQ.
Boca Raton Office
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Suite 108, Plaza V
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.

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