## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G59105

Entity Name: SHAVE ICE OF FLORIDA, INC.

**Current Principal Place of Business:** 

% BURT E. REDLUS 19 W FLAGER ST #711 MIAMI, FL 33130

## **Current Mailing Address:**

% BURT E. REDLUS 19 W FLAGER ST #711 MIAMI, FL 33130

FEI Number: 65-0037300 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REDLUS, BURT E 19 W. FLAGER STREET #711 MIAMI, FL 33130 US

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:

Electronic Signature of Registered Agent

Date

FILED Apr 05, 2018

**Secretary of State** 

CC2752599718

## Officer/Director Detail:

Title PD Title DS

NameREDLUS, BURT E.NameREDLUS, ANGELAAddress19 W FLAGLER ST, #711Address11375 SW 95TH AVE.City-State-Zip:MIAMI FL 33130City-State-Zip:MIAMI FL 33176

,

Title DT

Name REDLUS, ALEX L
Address 11375 SW 95 AV
City-State-Zip: MIAMI FL 33176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BURT E REDLUS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/05/2018