

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90145 023 \*\*\*150.00

**DOCUMENT # G32494**

1. Entity Name

**FREEZETONE PRODUCTS, INC.**

Principal Place of Business

**7339 N.W. 66 ST.  
 MIAMI FL 33166**

Mailing Address

**7339 N.W. 66 ST.  
 MIAMI FL 33166**

2. Principal Place of Business

**2795 N.W. 105 AVE**

3. Mailing Address

**2795 N.W. 105 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL.**

City & State

**MIAMI, FL.**

4. FEI Number

**59-2333882**

Applied For

Not Applicable

Zip

**33172**

Country

**DADE**

Zip

**33172**

Country

**DADE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LATOUR, LUIS M.  
 4336 SW 148 AVE CT.  
 MIAMI FL 33185**

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

**01/29/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE **PVS**  Delete  
 NAME **LATOUR, LUIS M.**  
 STREET ADDRESS **10136 NW 80TH AVE**  
 CITY-ST-ZIP **HIALEAH GARDENS FL**

TITLE **TSD**  Delete  
 NAME **LATOUR, LUIS M.**  
 STREET ADDRESS **10136 NW 80TH AVE**  
 CITY-ST-ZIP **HIALEAH GARDENS FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-640-0414**

CR2E034 (10/00)