2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State G32494 DOCUMENT # 1. Entity Name FREEZETONE PRODUCTS, INC. 05-01-2002 91502 040 ***150.00 Mailing Address Principal Place of Business 2795 NW 105 AVE 2795 NW 105 AVE **MIAMI FL 33172** MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2333882 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LATOUR, LUIS M. Street Address (P.O. Box Number is Not Acceptable) 4336 SW 148 AVE CT. **MIAMI FL 33185** Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition ☐ Change TITLE ☐ Delete TITLE LATOUR, LUIS M. NAME NAME 10136 NW 80TH AVE STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE TSD NAME LATOUR, LUIS M. NAME STREET ADDRESS 10136 NW 80TH AVE STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL CITY-ST-ZIP -Ghange-- - Addition -TITLE . Delete TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÈ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the scenption 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 securate 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 equired 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 en