

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L90062**

1. Entity Name

**SOUTH FLORIDA ICE CREAM AND CONFECTIONERY CORP.****FILED****Feb 01, 2001 8:00 am  
Secretary of State**

02-01-2001 90156 029 \*\*\*150.00

Principal Place of Business

Mailing Address

12801 W. SUNRISE BLVD  
BOX 43  
SUNRISE FL 33323  
US12801 W. SUNRISE BLVD  
BOX 43  
SUNRISE FL 33323  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0216424**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDMAN, ELLIS L.  
2762 MEADOWOOD DR  
FT. LAUDERDALE FL 33332**

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 criteria on back) ☐**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME FRIEDMAN, ELLIS L.  
STREET ADDRESS 2762 MEADOWOOD DR  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD ☐ Delete  
NAME FONTANA, RAYMOND  
STREET ADDRESS 2705 EDGEWATER CT  
CITY-ST-ZIP FT LAUDERDALE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE TD ☒ Delete  
NAME CABRERA, MIGUEL  
STREET ADDRESS 11064 SW 37 MANOR  
CITY-ST-ZIP DAVIE FL 33328TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☒ Delete  
NAME POLLACK, GEORGE  
STREET ADDRESS 9801 SW 124 COURT  
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

*Ellis L. Friedman* **ELLIS L. FRIEDMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/01 954 868 3194

Date

Daytime Phone #

CR2E034 (10/00)