

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90119 020 \*\*\*158.75

**DOCUMENT# P00000036051**

1. Entity Name  
**AUNTIE DI'S SOFT SERVE, INC.**

Principal Place of Business  
**4880 E. MICHIGAN STREET. #6**  
**ORLANDO FL 32812**

Mailing Address  
**4880 E. MICHIGAN STREET. #6**  
**ORLANDO FL 32812**

00136482



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2070 NW 139th St**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1800 Sunset Harbor Dr**  
 Suite, Apt. #, etc.  
**# 803**

City & State  
**Opa-Locka FL**  
 Zip  
**33054**

City & State  
**Miami Beach FL**  
 Zip  
**33139**

4. FEI Number **59-3643560** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SLOTKIN, DAVID R. CPA**  
**100 SOUTH PINE ISLAND ROAD**  
**SUITE 202**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name  
**CLIFFORD Y PERCE CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4216 CLEVELAND STREET**  
 City  
**Hollywood FL** Zip Code  
**33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CLIFFORD Y PERCE CPA - Clifford Y Perce CPA**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**8/24/02**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PT STEWART, ANDREWS J DUM 4880 E MICHIGAN ST APT # 6 ORLANDO FL 32812 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, SALLY DIANE 4880 E. MICHIGAN ST APT #6 ORLANDO FL 32812 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEWART, ANDREW T 1605 BAY ROAD # 507 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEWART, CHARLOTTE D 4880 E MICHIGAN ST APT # 6 ORLANDO FL 32812 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Stewart, Andrew J DUM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Sunset Harbor Dr #803 Miami Beach FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stewart, Sally Diane <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Sunset Harbor Dr #803 Miami Beach FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stewart, Andrew T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Sunset Harbor Dr. #803 Miami Beach FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP De Paula, Charles D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4880 E. Michigan St #6 Orlando FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Israel Valdes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1040 NE 6th Ave Miami Shores, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Andrew Stewart** **8/24/02** **305345-0883**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

*Attachment*

AUNTIE DI'S SOFT SERVE, INC.  
1800 Sunset Harbor Drive #803  
Miami Beach, Florida 33139

August 30, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

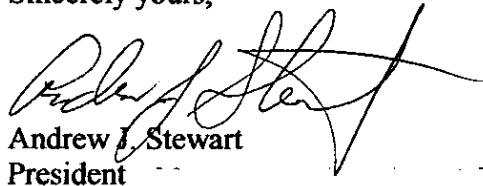
Dear Sirs:

RE: Document #P00000036051

In accordance with 607.193 ~~Supplemental~~ corporate fee (2) (b), I would like to request the late fee be waived, as I did not receive the prior notice. Please find enclosed check # 1545 in the amount of \$158.75 (\$150.00 original filing fee and \$8.75 for the Certificate of Status).

Please advise me if there are any questions.

Sincerely yours,

  
Andrew J. Stewart  
President