

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90190 014 ***150.00

DOCUMENT # P00000036051

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



Principal Place of Business
2070 NW 139TH ST
OPA LOCKA FL 33054

Mailing Address
1800 SUNSET HARBOR DR
#803
MIAMI BEACH FL 33139

2. Principal Place of Business
15700 SW 85 Ave
Suite, Apt. #, etc.

3. Mailing Address
15700 SW 85 Ave
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip 33157 Country USA
Miami Beach

Zip 33157 Country USA

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

PIERCE, CLIFFORD Y CPA
4216 CLEVELAND STREET
HOLLYWOOD FL 33021

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME STEWART, ANDREWS J DUM
STREET ADDRESS 1800 SUNSET HARBOR DR #803
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME STEWART, SALLY DIANE
STREET ADDRESS 1800 SUNSET HARBOR DR #803
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME STEWART, ANDREW T
STREET ADDRESS 1800 SUNSET HARBOR DR #803
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME DE PAULA, CHARLOTTE D
STREET ADDRESS 4880 E MICHIGAN ST APT # 6
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME VALDES, ISRAEL
STREET ADDRESS 1040 NE 6TH AVE
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Andrew T Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

305 345 0882

Date

Daytime Phone #

CR2E034 (10/02)