

# 2001 UNIFORM BUSINESS REPORT (UBR)

6/1

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90009 020 \*\*\*150.00

DOCUMENT # *P00000107439*

1. Entity Name:

*Italian Ice U.S.A. Inc*

Principal Place of Business

Mailing Address

*1012 Ward Circle  
 Oviedo, Fl. 32765*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number *52-2278035*

☒ 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

*D'Alfonso, Rafael  
 1012 Ward Circle.  
 Oviedo, Fl. 32765*

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

*Rafael D'Alfonso*

*J.C.*

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

(NOT 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!**

**After MAY 1, 2001**

**Make Check Payable to Department of State**

**FEE IS \$150.00**

**Fee will be \$550.00**

**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          | <b>OFFICER</b>                      | <input type="checkbox"/> Delete |
| NAME           | <i>Alfonso A. Ciacchella</i>        |                                 |
| STREET ADDRESS | <i>555 North Lake Blvd. Apt. 50</i> |                                 |
| CITY-ST-ZIP    | <i>Altamonte Springs FL 32701</i>   |                                 |
| TITLE          | <b>DIRECTOR</b>                     | <input type="checkbox"/> Delete |
| NAME           | <i>RAFAEL D'ALFONSO</i>             |                                 |
| STREET ADDRESS | <i>1012 WARD CIR</i>                |                                 |
| CITY-ST-ZIP    | <i>OVIEDO, FL 32765</i>             |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that the 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; that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July-11-01 (407) 359-1851*

Date

Overlaid Phone #

CR20034 (11/00)