

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90393 005 ***150.00

DOCUMENT # P00000108531

1. Entity Name

COOL CREAM TREATS, INC.

Principal Place of Business

100 GREENWOOD PLACE
 ROYAL PALM BEACH FL 33411-8284

Mailing Address

100 GREENWOOD PLACE
 ROYAL PALM BEACH FL 33411-8284

2. Principal Place of Business

3501 NW 60 Street

Suite, Apt. #, etc.

3. Mailing Address

100 Greenwood Pl

Suite, Apt. #, etc.

City & State

Miami, FL

Zip 33142

Country USA

City & State

Royal Palm Beach, FL

Zip 33411

Country USA

4. FEI Number

65-1069910

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROJEAN
 100 GREENWOOD PLACE
 ROYAL PALM BEACH FL 33411-8284

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.

SIGNATURE: *[Signature]*
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REAVES, DARRYL	
STREET ADDRESS	3315 NW 49TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROJEAN	
STREET ADDRESS	100 GREENWOOD PLACE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411-8284	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRYL REAVES	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	CEO, PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJEAN WILLIAMS	
STREET ADDRESS	SAME	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-01 305 638-0999

CR2E034 (10/00)