

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108531

1. Entity Name
COOL CREAM TREATS, INC.

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90707 049 ***150.00

Principal Place of Business

3501 NW 60 STREET
MIAMI FL 33142

Mailing Address

100 GREENWOOD PLACE
ROYAL PALM BEACH FL 33411-8284

80121502



2. Principal Place of Business

100 GREENWOOD PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH

City & State

Zip

33411

Country

USA

Zip

Country

4. FEI Number

65-1069910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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, 2002 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 VP
NAME REAVES, DARRYL
STREET ADDRESS 3315 NW 49TH ST
CITY-ST-ZIP MIAMI FL 33142

☐ Delete

TITLE CEO
NAME WILLIAMS, ROJEAN
STREET ADDRESS 100 GREENWOOD PLACE
CITY-ST-ZIP ROYAL PALM BEACH FL 33411-8284

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

561 248-0429

CR2E034 (9/01)