

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -7 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108788

1. Entity Name

PERFECT ICE ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5220 N.W. 72nd AVE3. Mailing Address
5220 N.W. 72nd AVE.Suite, Apt. #, etc.
BAY-12Suite, Apt. #, etc.
BAY-12

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL.City & State
MIAMI, FL.4. FEI Number
65-1056865Applied For
Not ApplicableZip
33166

Country

Zip
33166

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MOLINA, CESAR E

Street Address (P.O. Box Number is Not Acceptable)
5220 N.W. 72nd AVE. (BAY-12)

MIAMI,

City
MIAMI

FL

Zip Code
33166

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25

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	PD MOLINA, CESAR E 12625 S.W. 91 ST. UNIT 212 MIAMI, FL. 33186
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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500005558475--4
-05/20/02--01006--013
****300.00 ****300.00

TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD MERCADO, JOSE G. MARDO CALLE 96 #17-44 APT. 102 STA. FE, BOGOTA, COLOMBIA
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MOLINA, FERNANDO A 12351 S.W. 97th TERRACE MIAMI, FL. 33186
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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DO NOT WRITE
IN THIS SPACE

TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD BUSQUETS, CAMILO CANO DIAGNOLA 72 #1-42 ESTE APT. 8 STA. FE, BOGOTA, COLOMBIA
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 reports 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 on an attachment with an address, with all other lines embossed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-02 305-477-2989

CR2E034B (12/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000108788

1. Corporation Name

PERFECT ICE ASSOCIATES, INC.

Principal Place of Business

5220 NW 72ND AVENUE (BAY-12)
MIAMI FL 33166

Mailing Address

5220 NW 72ND AVENUE (BAY-12)
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/2000

5. FEI Number

65-1056865

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MOLINA, CESAR E	12625 SW 91ST STREET-UNIT 212	MIAMI FL 33186
VPD	MERCADO, JOSE G MARDO	CALLE 98 #17-44 APT. 102	STA FE, BOGOTA COLOMBIA
SD	MOLINA, FERNANDO A	12351 SW 97TH TERRACE	MIAMI FL 33186
VPD	BUSQUETS, CAMILO CANO	DIAGNOLA 72 #1-42 ESTE APT. 5B	SANTA FE, BOGOTA COLOMBIA

8. Name and Address of Current Registered Agent

MOLINA, CESAR E
5220 NW 72ND AVENUE (BAY-12)
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-02

305-477-2989

CP0904078015

ATTACHMENT

April 24, 2002

Annual Reports Filings
Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Ref.: **PERFECT ICE ASSOCIATES, INC.**

Dear Sir or Madam:

The purpose of this letter is to inform you that the 2001 Annual Report for Document #P00000108788 under the name PERFECT ICE ASSOCIATES, INC., will be sent late due to the fact that I was out of the country for the entire year 2001.

This is the first year that I'm filing and I was not aware to file this report by May 1, 2001.

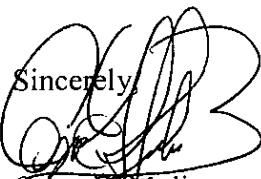
I would really appreciate it if you could abate the \$900.00 penalty. I promise you that next year I'll file my report on time; you can be sure that this will not happen again.

I am enclosing a check for \$300.00 which covers years 2001 and 2002. I am also enclosing a signed a Reinstatement form for 2001 and the 2002 UBR.

I thank you in advance for your prompt attention and help to this matter.

Please feel free to call me if you need additional information.

I request that you accept this filing and forgive the penalty for the late filing.

Sincerely,

Cesar E. Molina
President