

# 2002 UNIFORM BUSINESS REGISTER (UBR)

5/10

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90041 030 \*\*\*150.00

**DOCUMENT # P01000031407**

1. Entity Name  
**EMMILYS SNO-CONES INC.**

DEPARTMENT OF

Principal Place of Business  
**2317 CLUBHOUSE DR**  
**WEST PALM BEACH FL 33409**

Mailing Address  
**2317 CLUBHOUSE DR**  
**WEST PALM BEACH FL 33409**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**2317 CLUBHOUSE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**WEST PALM BEACH, FL**

4. FEI Number

☐ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

**33409**  
**FL**

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

**ROCHA, RAMON**  
**2317 CLUBHOUSE DR**  
**WEST PALM BEACH FL 33409**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete  
 NAME **Ramon Rocha**  
 STREET ADDRESS **2317 CLUBHOUSE DR**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **TREASURER** ☐ Change ☒ Addition  
 NAME **MARIA GARIA**  
 STREET ADDRESS **2317 CLUBHOUSE DR**  
 CITY-ST-ZIP **WPB FL 33409**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

I 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 in 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 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 on an attachment with an address, with all other like empowered.

RE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ramon Rocha** 6-11-02 561-471-5043

Date

Daytime Phone

CR2E034 (9/01)