# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 17, 2002 8:00 am**
**Secretary of State**
05-17-2002 90042 015 ***150.00

DOCUMENT # P01000112303

1. Entity Name

PINA ICECREAM CORPORATION

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 407 LINCOLN Rd. STE 11-L | 407 LINCOLN Rd |
| Suite, Apt. #, etc.: STE 11-L | Suite, Apt. #, etc.: STE 11-L |
| City & State: MIAMI BEACH, FL | City & State: MIAMI BEACH, FL |
| Zip: 33139 Country: DADE | Zip: 33139 Country: DADE |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1155577 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: JORGE ALEJANDRO DOMINGO

Street Address (P.O. Box Number is Not Acceptable): 407 LINCOLN Rd STE 11-L

City: MIAMI BEACH FL Zip Code: 33139

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $61.25**
**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 | JUAN JOSE BURRAFATO PD<br>407 LINCOLN Rd STE 11-L<br>MIAMI BEACH, FL 33139 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ALEJANDRO FUENTE TSD<br>407 LINCOLN Rd STE 11-L<br>MIAMI, BEACH, FL 33139 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JORGE ALEJANDRO DOMINGO S<br>407 LINCOLN Rd STE 11-L<br>MIAMI BEACH, FL 33139 |
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CR2E034B (12/01)

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

**SIGNATURE:** JORGE ALEJANDRO DOMINGO, SECRETARY 04/29/02 (305) 799-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #