

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000113177

FILED  
Apr 03, 2002 8:00 AM  
Secretary of State

Entity Name: SPLASH FROZEN SPECIALTIES, INC.

## Current Principal Place of Business:

100 SE 2ND ST STE 4000  
MIAMI, FL 33131

## New Principal Place of Business:

9120 COVE POINT CIRCLE  
BOYNTON BEACH, FL 33437

## Current Mailing Address:

100 SE 2ND ST STE 4000  
MIAMI, FL 33131

## New Mailing Address:

P.O. BOX 741159  
BOYNTON BEACH, FL 33474

FEI Number: 30-0117581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERNSTEIN, RICHARD N  
100 SE 2ND ST STE 4000  
MIAMI, FL 33131

## Name and Address of New Registered Agent:

MEDOFF, ELLIOT  
1350 SOUTH POWERLINE ROAD  
POMPANO BEACH, FL 33069

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: ELLIOT MEDOFF

04/03/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WALTZER, RICHARD N  
Address: PO BOX 741159  
City-St-Zip: BOYNTON BEACH, FL 334741159

Title: D ( ) Delete  
Name: JACOBS, CRAIG A  
Address: PO BOX 741159  
City-St-Zip: BOYNTON BEACH, FL 334741159

Title: D ( ) Delete  
Name: BRAVO, JORGE  
Address: PO BOX 741159  
City-St-Zip: BOYNTON BEACH, FL 334741159

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD N. WALTZER

D

04/03/2002

Electronic Signature of Signing Officer or Director

Date