

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90096 026 ***150.00

DOCUMENT # P02000052378

1. Entity Name
THE CREAMERY PREMIUM ICE CREAM, INC.



Principal Place of Business
8075 SW 67 AVENUE
MIAMI FL 33143

Mailing Address
11502 NE 7 AVENUE
BISCAYNE PARK FL 33161

(address change)

00000000



2. Principal Place of Business

3. Mailing Address

11736 SW 90TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIAMI, FL

4. FEI Number

35 216 8427

Applied For

Not Applicable

Zip

Country

Zip

Country

33186-2171

USA

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

WALL, JEFFREY J

~~**11502 NE 7 AVENUE**~~
~~**BISCAYNE PARK FL 33161**~~

(Address change)

Name

JEFFREY J. WALL

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

11736 SW 90TH TERRACE

City

MIAMI

FL

Zip Code

33186-2171

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jeffrey J. Wall

1/6/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WALL, JEFFREY J**
STREET ADDRESS ~~**11502 NE 7 AVENUE**~~
CITY-ST-ZIP ~~**BISCAYNE PARK FL 33161**~~

TITLE **P** ☒ Change ☐ Addition
NAME **WALL, JEFFREY J.**
STREET ADDRESS **11736 SW 90TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33186-2171**

TITLE **V** ☐ Delete
NAME **FROMAN, MARK P**
STREET ADDRESS **6619 SOUTH DIXIE HWY., # 192**
CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE **ST** ☐ Delete
NAME **WALL, JULIET F**
STREET ADDRESS ~~**11502 NE 7 AVENUE**~~
CITY-ST-ZIP ~~**BISCAYNE PARK FL 33161**~~

TITLE ☒ Change ☐ Addition
NAME **ST WALL, JULIET F.**
STREET ADDRESS **11736 SW 90TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33186-2171**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Jeffrey J. Wall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/03 (305) 740-9830

CR2E034 (10/02)