## **FILED** Sep 12, 2003 8:00 am Secretary of State

09-12-2003 90103 031 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P02000085401

1. Entity Name

TROPICAL FLAVORS ICE CREAM DISTRIBUTORS, INC.

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6. Name and Address of Current			of Current Regist	ered Agent		7. Name and Address of New Registered Agent					
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JOHNSON, PAUL				Street Address			(P.O. Box Number is Not Acceptable)				
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Miami Fl	33179										
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the obligat	ions of regist	tered agent.									l
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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 truetee 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:** 

## Attachment 80147869 P02000085401

To: whom it may concerd

TROPICAL FLAVORS ICE CREAM DIST
hereby STATE THAT I NEVER RECIEVED
The PRIOR D.B.R NOTICE AND SO I
REQUEST A WAIVER OF THE LATE
FEET.

ROPIGAL FLAVOR

TROPICAL FLAVORS

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9/8/03