

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

ATX1

FILED

09 JUN 19 AM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400156726334
06/03/09--01022--017 **1800.00

DOCUMENT # PO6000138009	
1. Entity Name VAJOELAN ICE INC. 7933 Panama ct. MIRAMAR FL. 33023-3567	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7933 PANAMA CT. Suite, Apt. #, etc. MIRAMAR FL.		3. Mailing Address Suite, Apt. #, etc.	
City & State 33023-3557		City & State	
Zip 33023	Country DADE	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1522198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARCOS MEDINA	
Street Address (P.O. Box Number is Not Acceptable) 7933 PANAMA CT.	
MIRAMAR	
City FL	Zip Code 33023-3567

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	p. VP S/T MARCOS MEDINA 7933 PANAMA CT. MIRAMAR, FL. 33023
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IN THIS SPACE**

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

MARCOS MEDINA

PRES. 4-18-09

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #