

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000034825(7)**

1. Entity Name

TASTY SNOW CONE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90188 008 ***150.00

Principal Place of Business

Mailing Address

8362 Pines Blvd

Pembroke Pines, FL 33024

2. Principal Place of Business

8362 Pines Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

351

City & State

Pembroke Pines

City & State

Zip

Country

33024

U.S.A.

Zip

Country

4. FEI Number

65-0498266

Applied For

Not Applicable

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

Wynter, Oswald K.

1500 SW 87th Terrace

Pembroke Pines, FL 33025

Name

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

City

FL

Zip Code

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 **Oswald K. Wynter**

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

(NOTE: Registered Agent signature required when reinstating)

President Sheila E. Wynter

4/19/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** NAME **Wynter, Oswald K.** ☐ Delete

STREET ADDRESS **1500 SW 87th Terrace**

CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE **D** NAME **Wynter, Sheila E.** ☐ Delete

STREET ADDRESS **1500 SW 87th Terrace**

CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: **Oswald K. Wynter** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

DATE

(954) 437-4255

Daytime Phone #

CR2E034 (9/99)