

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 994000041216

1. Entity Name
Brendy's ICE CREAM, inc.

FILED
00 SEP 20 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6030 S.W. 18th ST.
A 526
Boca Raton, FL 33433

Mailing Address
23313 SW 61st Ave
Boca Raton FL
33428

2. Principal Place of Business
6030 S.W. 18th St.
Suite, Apt. #, etc.
A 526
City & State
Boca Raton FL

3. Mailing Address
10042 Lexington Est Blvd
Suite, Apt. #, etc.
City & State
Boca Raton, FL

Zip
33428 Country
US

Zip
33428 Country
US

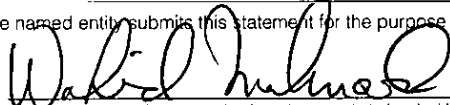
4. FEI Number
65-0495200

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Wahid Mahmood
23313 SW 61st Ave
Boca Raton FL 33428

7. Name and Address of New Registered Agent
Name
Wahid Mahmood
Street Address (P.O. Box Number is Not Acceptable)
10042 Lexington Estates Blvd
City
Boca Raton FL Zip Code
33428

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  P **Wahid Mahmood** 9/11/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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		
TITLE	P	<input type="checkbox"/> Delete
NAME	Wahid Mahmood	
STREET ADDRESS	10042 Lexington Estates Blvd	
CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	Patricia Mahmood	<input type="checkbox"/> Delete
NAME	Patricia Mahmood	
STREET ADDRESS	10042 Lexington Est Blvd	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Patricia Mahmood	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Mahmood	
STREET ADDRESS	V/S/T 10042 Lexington Estates Blvd	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	Patricia Mahmood	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Mahmood	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:  P **Wahid Mahmood** 9/11/2000 561-376-8070
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)