

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068102

1. Entity Name

NORMIE'S ICE CREAM COMPANY, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90101 033 ***150.00

Principal Place of Business

10072 NW 53 ST
SUNRISE FL 33351
US

Mailing Address

10072 NW 53 ST
SUNRISE FL 33351-8068
US

2. Principal Place of Business

3. Mailing Address

PO Box 820483

PO Box 820483

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SOUTH FLORIDA, FL

City & State
SOUTH FLORIDA, FL

4. FEI Number 65-0696887

Applied For

Not Applicable

Zip
33082

Country
USA

Zip
33082

Country
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

ADDLESTONE, GAIL
15723 NW 10 ST
PEMBROKE PINES FL 33028

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
JACOBS, ADAM T
P.O. BOX 820483 N/A
SOUTH FLORIDA FL 33082-0483 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ADDLESTONE, GAIL
P.O. BOX 820483 N/A
SOUTH FLORIDA FL 33082-0483 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 an other like empowered.

SIGNATURE: Adam Jacobs 4/24/00 954-749-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)