

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
 05-23-2000 90258 013 ***150.00

DOCUMENT # P97000013851

1. Entity Name

YOGURT APOLLO ICE CREAM INC.

Principal Place of Business

Mailing Address

20449 STATE RD #7
 MISSION BAY PLAZA
 BOCA RATON FL 33498

20449 STATE RD #7
 MISSION BAY PLAZA
 BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20449 STATE RD 7

20449 STATE RD 7

City & State

City & State

BOCA RATON, FLORIDA

BOCA RATON FLORIDA

4. FEI Number

65-0753579

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

FL-33498

W.P.B.

FL-33498

W.P.B.

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

RAHMAN, MATIUR
 10236 BOCA ENTRADA BLVD # 109
 BOCA RATON FL 33428

Name

N.A.

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 **P** ☐ Delete
 NAME **RAHMAN, MATIUR**
 STREET ADDRESS **22357 SW 88TH ST #312 10236 BOCA ENTRADA**
 CITY-ST-ZIP **BOCA RATON FL 33428 BLVD, APT 109**

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

TITLE **V** ☐ Delete
 NAME **ATIFA, MOSSAMMAT A**
 STREET ADDRESS **203 NEW LAKE DR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 all other like empowered.

SIGNATURE:

SIGNATURE OF RAHMAN, MATIUR

4-25-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 19/931