2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000083511

Entity Name: AIRWAYS ICE CREAM & CONFECTIONERY CORP.

Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11064 SW 37 MANOR DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 11064 SW 37 MANOR DAVIE, FL 33328 FEI Number: 65-0786045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUTLER, CHRISTINE A BUTLER, CHRISTINE A 5420 OAK CANOPY WAY 3010 OLD ORCHARD RD FT. LAUDERDALE, FL 33312 US DAVIE, FL 33328 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: 04/29/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CABRERA, MIGUEL A CABRERA, MIGUEL A Name: Name: 11064 SW 37 MANOR 11064 SW 37 MANOR Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: **DAVIE, FL 33328** Title: Title: () Change () Addition (X) Delete Name: FRIEDMAN, ELLIS Name: 2762 MEADOWOOD DR Address: Address: City-St-Zip: WESTON, FL City-St-Zip: Title: Title: (X) Delete () Change () Addition TURNER, WILLIAM Name: Name: 124 NF 96 ST Address: Address: City-St-Zip: MIAMI SHORES, FL City-St-Zip: Title: (X) Delete Title: () Change () Addition TIMPSON, MICHAEL Name: Name: Address: 524 WHISPER DR Address: City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33067 Title: (X) Delete Title: () Change () Addition FONTANA, RAYMOND Name: Name: 2705 EDGEWATER CT Address: Address: City-St-Zip: WESTON, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL A. CABRERA PRES 04/29/2002