

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90003 003 \*\*\*150.00

DOCUMENT # P97000084386

1. Entity Name

WILLIE'S ICE CREAM CORPORATION

Principal Place of Business

Mailing Address

500 E. OAKLAND PARK BLVD.  
WILTON MANORS FL 33334

500 E. OAKLAND PARK BLVD.  
WILTON MANORS FL 33334-2152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0788968

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

WILBUR BALGOBIN

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

1240 NE 13<sup>th</sup> AVE Apt 23

City

FT LAUDERDALE

FL

Zip Code

33304

BALGOBIN, WILBUR  
2662 NW 33RD ST  
APT 2511  
FT LAUDERDALE FL 33309

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 ☐ Delete  
NAME D  
STREET ADDRESS BALGOBIN, WILBUR C  
CITY-ST-ZIP 2662 NW 33RD ST APT 2511  
FT LAUDERDALE FL 33309

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS BALGOBIN WILBUR C  
CITY-ST-ZIP 1240 NE 13<sup>th</sup> AVE Apt 23  
FT LAUDERDALE 33304

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BALGOBIN, VIDYA  
CITY-ST-ZIP 2662 NW 33RD ST APT 2511  
FT LAUDERDALE FL 33309

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS BALGOBIN VIDYA  
CITY-ST-ZIP 1240 NE 13<sup>th</sup> AVE Apt 23  
FT LAUDERDALE FL 33304

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19<sup>th</sup> Jan 2000

CR2E034 (9/99)