

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

DOCUMENT # P98000030216
Entity Name
S & S ICE CREAM CORP.

03-07-2000 90089 006 ***150.00

Principal Place of Business
Mailing Address
NE 167 STREET MIAMI BEACH FL 33162
725 NE 167 STREET NORTH MIAMI BEACH FL 33162-2404

0 4 4 0 4 0



DO NOT WRITE IN THIS SPACE

Principal Place of Business
Mailing Address
Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
Country
Country

4. FEI Number 65-0825122
Applied For Not Applicable
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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name MIRAGLIOTTA, STEVEN
Street Address (P.O. Box Number is Not Acceptable) 725 NE 167 Street
City North Miami Beach FL Zip Code 33162

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
STEVEN J. MIRAGLIOTTA (GENERAL MANAGER) 2/27/00

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 2 main columns: OFFICERS AND DIRECTORS and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Delete, Change, and Addition.

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: STEVEN J. MIRAGLIOTTA (GENERAL MANAGER)
Date: 2/27/00
Daytime Phone #: (305) 651-9193

CR2E034 (9/99)