2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000030216

DOCUMENT # 1. Entity Name

M & S ICE CREAM CORP.



FILED Apr 22, 2003 8:00 am \$ Secretary of State

04-22-2003 90035 030 ***150.00

| Principal Place of Business 725 NE 167 STREET NORTH MIAMI BEACH FL 33162 | | | | Mailing Address 725 NE 167 STREET NORTH MIAMI BEACH FL 33162 | | | | | | | | |
|--|--|--|-------------------|--|---------------|---|----------------|---|------------------------------------|-------------|-----------------------------|--|
| 2. Principal P | lace of Busin | ness | 3. Mail | 3. Mailing Address | | | | | 8 5 1 1 1 4 8 1 8 8 1 1 1 1 | | | |
| Suite, Apt. | #, etc. | | Suite | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | e | | City | City & State | | | 4. | 4. FEI Number 65-0825122 Applied For Not Applied | | | oplied For ot Applicable | |
| Zip | | Country | ntry Zip Cou | | | try | 5. | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| | 6. Name | and Address of Current | Registere | d Agent | | 7. Name and Address of New Registered Agent | | | | | | |
| MIDAGLIO | TTA - QTE\/I | N <u>⇒</u> | | | | Name | | | | | | |
| | 37 STREET | رسند تسمح الم | | Street Address | | | ess (P.O. E | (P.O. Box Number is Not Acceptable) | | | | |
| | MI BEACH | FL 33162 | | | | | | | | | | |
| 140111 Internit DENOTTE GO 102 | | | | | | | | | FL | Zip Cod | e | |
| 8. The above | named entity | v submits this statement for | r the purp | ose of changing its | registere | ed office or red | nistered ac | gent, or both, in the State of Florid | | miliar with | and accept | |
| | ions of regist | | . wo porp | ooo or ornariging no | rogiotore | .a 511100 6, 101 | g.otorou ng | one, or some in the one of the in | aa. Tanta | Time Trong | | |
| SIGNATURE . | | or printed name of registered agent | 1.53 | | | | | | | | | |
| | Signature, typed | or printed name of registered agent | and title if appl | icable. (NOTE | E: Hegistered | d Agent signature re | equired when r | einstating) | DATE | | | |
| After | May 1, 200 | 1. FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o | f State | | | <u></u> | ,, | | noing==== | | O-May Be | |
| 10. | OFFICERS AND D | | | <u>_</u> | | | ΑĊ | | ERS AND I | DIRECTOR | S IN 11 | |
| TITLE NAME STREET ADDRESS | PSTD Miragliotta, Steven J 725 NE 167 Street | | | Delete TITLI NAM STRE | | ET ADDRESS | | | 1 | Change | ☐ Addition | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 | | | | | CITY-ST-ZIP | | | · | | | |
| TITLE NAME | | | | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | \$ | | | • | STREET A | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Delete | | | | | 1 | Change | ☐ Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | □ Delete | 1 | | | | | Change | Ādditlon | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | 1 | • • | | 1 | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | and the second | information - N-J W | their fill | ☐ Delete | CITY- | ET ADDRESS ST-ZIP | · O | 119 07/3Vi) Florida Statutes I fr | | Change | Addition | |

Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all effect like empowered.

SIGNATURE:

(305) 651-9193