

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060548

1. Entity Name
BROWARD ICE-CREAM, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90023 041 ***150.00

Principal Place of Business
8290 N.W. 166TH TERRACE
MIAMI FL 33016

Mailing Address
5826 DAWSON STREET
HOLLYWOOD FL 33023



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 65-0852066

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

DIAZ, PEDRO A
801 WEST 49TH STREET
SUITE 224
HIALEAH FL 33012-2

Name

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, 2001 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 D ☐ Delete
NAME DIAZ, PEDRO A JR.
STREET ADDRESS ~~801 WEST 49TH ST. SUITE 224~~
CITY-ST-ZIP ~~HIALEAH FL 33012~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16137 N.W. 78TH PLACE
CITY-ST-ZIP MIAMI LAKES, FL. 33016

TITLE P ☐ Delete
NAME DIAZ, CARMEN
STREET ADDRESS ~~8290 NW 166TH TERR~~
CITY-ST-ZIP ~~MIAMI FL 33016~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16157 N.W. 78TH PLACE
CITY-ST-ZIP MIAMI LAKES, FL. 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: X *Carmen Diaz* CARMEN DIAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-2001
Date

(954) 981-1404
Daytime Phone #

CR2E034 (10/00)