

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90024 003 ***150.00

DOCUMENT # P990000001151

1. Corporation Name

ANGELO'S ITALIAN ICE, INC. ✓

769848

Principal Place of Business

Mailing Address

302 - 188 STREET
SUNNY ISLES, FL
33160

302 - 188 STREET
SUNNY ISLES, FL
33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01-06-99

4. FEI Number

65-0887037

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL G. BOURGOIN
302 - 188 STREET
SUNNY ISLES, FL 33160

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	MICHAEL G. BOURGOIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	302 - 188 STREET	1.3 STREET ADDRESS	
	SUNNY ISLES, FL 33160	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	GLADYS A. BOURGOIN	2.1 TITLE	2.2 NAME
	302 - 188 ST.	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	SUNNY ISLES, FL 33160		
<input type="checkbox"/> DELETE	MANUEL R. CASTILLO	3.1 TITLE	3.2 NAME
	302 - 188 ST.	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	SUNNY ISLES, FL 33160		
<input type="checkbox"/> DELETE	RUBEN J. CASTILLO	4.1 TITLE	4.2 NAME
	302 - 188 ST.	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	SUNNY ISLES, FL 33160		
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Bourgoin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BOURGOIN

PRES.

4/27/01

605-925-5981

Date

Daytime Phone #

CR2E034 (11/98)