

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067582

1. Entity Name

PARMALAT GELATERIA MIAMI I, INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90107 047 ***550.00

Principal Place of Business

Mailing Address

PARMALAT GELATERIA USA INC.
GLEN POINT, ATRIUM.400 FRANK W BURR BLVD.
TEANECK NJ 07666

PARMALAT GELATERIA USA INC.
GLEN POINT, ATRIUM.400 FRANK W BURR BLVD.
TEANECK NJ 07666

2. Principal Place of Business

3. Mailing Address

670 Lincoln Road
Suite, Apt. #, etc.

520 MAIN Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami Beach, FL

WALLINGTON, NJ

4. FEI Number

65-0957619

Applied For

Not Applicable

Zip

Country

Zip

Country

33139 USA

07057 USA

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

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST. #2
TALLAHASSEE FL 32301

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, 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
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
AIDO UVA
520 MAIN Ave.
WALLINGTON, NJ 07057

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
ALVASHIR LAKHA
520 MAIN Ave
WALLINGTON, NJ 07057

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTROLLER
ANNUNZIATA Sweeney
520 MAIN Ave.
WALLINGTON, NJ 07057

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
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CITY-ST-ZIP

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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 #

5/31/00 973-777-2500

CF2E034 (1/1)