

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90068 029 ***150.00

DOCUMENT # P99000078184

1. Entity Name

INTERNATIONAL GOURMET ICE CREAM CORP.

Principal Place of Business

713 S. KIRKMAN ROAD
 ORLANDO FL 32811

Mailing Address

713 S. KIRKMAN ROAD
 ORLANDO FL 32811-2011

2. Principal Place of Business

733 S. SEMORAN BLVD.

3. Mailing Address

733 S. SEMORAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3596974

Applied For

☐ Not Applicable

Zip

Country

32807 USA

Zip

Country

32807 USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLANCHET, EDUARDO M
 713 S. KIRKMAN ROAD
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

LIPIDIO TORRES

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

733 S. SEMORAN BLVD.

City

ORLANDO

FL

Zip Code

32807

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

TITLE	D	Delete
NAME	BLANCHET, EDUARDO M	
STREET ADDRESS	713 S. KIRKMAN ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	Delete
NAME	GUILLAN, DANIEL R	
STREET ADDRESS	713 S. KIRKMAN ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	Delete
NAME	SANCHEZ, GEORGE	
STREET ADDRESS	713 S. KIRKMAN ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	Delete
NAME	TORRES, LIPIDIO	
STREET ADDRESS	713 S. KIRKMAN ROAD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lipidio Torres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2000

Date

Daytime Phone #

CR2E034 (9/99)