

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097904

1. Entity Name

PHIL'S FAMOUS TROPICAL ICE CREAM INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90183 024 ***150.00

Principal Place of Business

Mailing Address

~~248 THREE ISLANDS BLVD. STE. 304~~
~~HALLANDALE FL 33009~~

~~248 THREE ISLANDS BLVD. STE. 304~~
~~HALLANDALE FL 33009-7931~~

2. Principal Place of Business

2832 - C

3. Mailing Address

19472 E. Country Club Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holly Wood, FL

City & State

Adventure, FL

Zip 33020

Country USA

Zip 33180

Country USA

4. FEI Number

65-0982632

Applied For

Not Applicable

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

BUSINESS FILINGS INCORPORATED

1 EAST BROWARD BLVD., STE. 700

FT. LAUDERDALE FL 33301

Name

BUSINESS FILINGS INC

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

8025 Excelsior Drive, STE 200

City

Madison

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

4-28-00

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	D	<input type="checkbox"/> Delete
NAME	LENTINI, PHILLIP	
STREET ADDRESS	248 THREE ISLANDS BLVD. STE. 304	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

CR2E034 (9/99)