FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36178

1. Entity Name

TROPICAL FLAVORS ICE CREAM INC.

FILED
03 OCT -2 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200023554342
10/03/03--01081--032 **150.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2021 S.W. 70TH AVENUE	SAME
Suite, Apt. #, etc.: B-13	Suite, Apt. #, etc.
City & State: DAVIE, FL	City & State
Zip: 33317 Country	Zip Country

4. FEI Number 65-0336697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name KASTNER, JEFFREY D

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

10011 PINES BLVD STE. 103

City PEMBROKE PINES FL Zip Code 333195876

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/T Reid, Lenworth A 4457 N. State Rd 7 Lauderdale Lakes, FL. 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Russell, Errol 2021 S.W. 70th Avenue Davie, FL. 33317
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (LENWORTH REID CEO) 9-26-03 954-818-4194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NATURE'S DELIGHT
ALL NATURAL FLAVORS
TROPICAL

2021 S.W. 70th Ave. B-13
Davie, FL 33317

To whom it may concern,

We did not recieve a pre-printed uniform business report for 2003. We are asking all penalties be waived on document # V36178. Thank You.

Lenworth Reid / C.E.O.

9-26-03