

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2001 90022 018 ***150.00

DOCUMENT # 695183

1. Entity Name
ULTRA COOL, INC.

Principal Place of Business
7600 NW 68th STREET
MIAMI, FL 33166

Mailing Address
7600 NW 68th STREET
MIAMI, FL 33166

2. Principal Place of Business
7600 NW 68th STREET

3. Mailing Address
7600 NW 68th STREET

Suite, Apt. #, etc.
33166

Suite, Apt. #, etc.
33166

City & State
MIAMI, FL 33166

City & State
MIAMI, FL 33166

4. FEI Number
59-2117346

Applied For
 Not Applicable

Zip Country
33166 USA

Zip Country
33166 USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERMAN, STEVEN
9400 S DADELAND BLVD.
STE. 600
MIAMI, FL 33156

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

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	HARTWELL, JOHN E	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3640 SW 185TH AVENUE	MIRAMAR, FL 33029		
STD	HARTWELL, LINDA C	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3640 SW 185TH AVENUE	MIRAMAR, FL 33029		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01 305-885-1429
 Date Daytime Phone #

CR2E034 (11/00)