FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90810 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109622

1. Entity Name: Refrigeration & Engineering SERVICE OF Florida, Inc

B0126624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 SE Third Ave	318 Indian Trace
Suite, Apt. #, etc.: STE 301	Suite, Apt. #, etc.: Suite #165
City & State: FT LAUDERDALE, FL	City & State: WESTON, FL
Zip: 33316 Country: USA	Zip: 33327 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1059169 — Applied For / [X] 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: MARTIN A. BARRIOS
Street Address (P.O. Box Number is Not Acceptable): 936 TANGLEWOOD Circle
City: WESTON FL Zip Code 33327

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] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	MARTIN A. BARRIOS	NAME	
STREET ADDRESS	936 Tanglewood circle	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33327	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	Jonas A. BARRIOS	NAME	
STREET ADDRESS	229 AIRPORT SUBDIVISION RD	STREET ADDRESS	
CITY-ST-ZIP	CENTER, TX 75935	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/29/02 Date — Daytime Phone #