## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## DOCUMENT # P94000069760 Aug 10, 2000 8:00 am Secretary of State 1. Entity Name MERCURY COLD STORAGE, INC. 08-10-2000 90009 037 \*\*\*550.00 Principal Place of Business Mailing Address 3114 N GALLAGHER RD 3114 N. GALLAGHER RD. SUITE 100 DOVER FL 33527 DOVER FL 33527 AUU14339 2. Principal Place of Business 3. Mailing Address 3060 N. GALLAGHER ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0524152 Not Applicable 3527 DOVER FL Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ---HADLOW."RICHARD"B" Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN STREET TAMPA FL 33602 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE ROBERT PATERSON NAME NAME 3114 N GALLAGHER RD #100 STREET ADDRESS STREET ADDRESS **DOVER FL** CITY-ST-7IP CITY-ST-ZIP **VPST** Change ☐ Addition TITLE ☐ Delete TITI F MING SHIN KOU NAME NAME 1912 E VERNON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE MING BIN KOU NAME NAME 1912 E VERNON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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