2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 27, 2002 8:00 am DOCUMENT # P98000073972 **Secretary of State** 1. Entity Name 03-27-2002 90017 039 ***150.00 J & P REFRIGERATION, INC. Principal Place of Business Mailing Address 11817 S.W. 104 TERR. 11817 S.W. 104 TERR. MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0864285 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENZO. JOSE Street Address (P.O. Box Number is Not Acceptable) 11817 S.W. 104 TERR. **MIAMI FL 33186** City Zio 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 march 13-2002 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE Delete TITLE Change Addition NAME NAME PENZO, JOSE JR. CR2E034 STREET ADDRESS 11817 S.W. 104 TERR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - ---TITLE :Delete** * Change - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition PENZO, GLORIA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

FILED