

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90023 017 \*\*\*150.00

**DOCUMENT # P94000033617**

1. Entity Name

**COOL ZONE AIR CONDITIONING AND REFRIGERATION INC**

Principal Place of Business

Mailing Address

1003 NW 52 ST  
 FT LAUDERDALE FL 33309  
 US

1003 NW 52 ST  
 FT LAUDERDALE FL 33309-3141  
 US

2. Principal Place of Business

3. Mailing Address

1862 NW 54th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Margate FL

City & State

4. FEI Number **65-0487378**

Applied For  
 Not Applicable

Zip **33063**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIDI, RAZIEL**  
**4971 NW 54TH STREET**  
**COCONUT CREEK FL 33073**

Name **Gridi Raziel**

Street Address (P.O. Box Number is Not Acceptable)  
**1862 N.W 54 AVE**

City **Margate**

**FL**

Zip Code **33063**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GRIDI, RAZIEL	4971 NW 54TH STREET	COCONUT CREEK FL 33073	<input type="checkbox"/>
D	GRIDI, MICHELLE	4971 NW 54TH STREET	COCONUT CREEK FL 33073	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raziel Gridi

4-20-2000

Date

954-493 8711

Daytime Phone #

CR2E034 (9/99)