

2002 UNIFORM BUSINESS REPORT (UBR)

0207035 AV

DOCUMENT # P98000012711

1. Entity Name
HEAT STORE, INC.

FILED

02 JAN 24 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
AMERICAN AIRLINES ARENA
601 BISCAYNE BLVD
MIAMI FL 33132

Mailing Address
AMERICAN AIRLINES ARENA
601 BISCAYNE BLVD
MIAMI FL 33132

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0827900
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 300
MIAMI FL 33131

7. Name and Address of New Registered Agent
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 _____

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, 2002 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ARISON, MICKY		NAME		
STREET ADDRESS	601 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRANK, HOWARD S		NAME		
STREET ADDRESS	601 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WOOLWORTH, ERIC		NAME		
STREET ADDRESS	601 BISCAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ 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.

SIGNATURE: *Samuel S. Schuman*
SRUP/CFO
Date: 1/11/02 Daytime Phone #: 206M4009

CR2E034 (9/01)