

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90087 031 ***150.00

DOCUMENT # P01000020106

1. Entity Name
COOL TAN SERVICES CORP.

Principal Place of Business

6909 NW 46 ST.
MIAMI FL 33166

Mailing Address

6909 NW 46 ST.
MIAMI FL 33166

2. Principal Place of Business

1325 A SW 107 AV

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

Country

33174

USA

4. FEI Number

65-1106099

Applied For

Not Applicable

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

MATHISON, KENNETH

6909 NW 46 ST.

MIAMI FL 33166

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

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, 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	PD	<input type="checkbox"/> Delete
NAME	MATHISON, KENNETH	
STREET ADDRESS	6909 NW 46 ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DABOIN, CARLOS	
STREET ADDRESS	2845 EXECUTIVE PARK DR SUITE 153	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NAVARRO, CARLOS	
STREET ADDRESS	5543 N. MILITARY TRAIL APT 2211	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth MATHISON	
STREET ADDRESS	1325-A SW 107 AV.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS DABOIN	
STREET ADDRESS	2741 EXECUTIVE PARK DRIVE, STE. 1	
CITY-ST-ZIP	WESTON FL. 33331	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos A. Navarro	
STREET ADDRESS	7758 EDINBURGH LANE	
CITY-ST-ZIP	Delray Beach FL 33446	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERTO HERNANDEZ	
STREET ADDRESS	169 E-FLAGLER ST #632	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2002

Date

305-480 3931

Daytime Phone #

CR2E034 (9/01)