2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State P98000024356 DOCUMENT # 1. Entity Name 05-19-2002 90252 023 ***150.00 A. BUSUTIL COOLING, INC. Mailing Address Principal Place of Business 4549 NE 1ST TERR. 4549 NE 1ST TERR. 361178 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0818759 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6:-Name and Address of Current Registered Agent Name BUSUTIL, ARMANDO E Street Address (P.O. Box Number is Not Acceptable) 4549 NE 1ST TERR. FT. LAUDERDALE FL 33334 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition Change TITLE ☐ Delete TITLE BUSUTIL, ARMANDO É NAME NAME STREET ADDRESS 4549 NE 1ST TERR. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33334 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BUSUTIL, SUSANA S NAME NAME 4549 NE 1ST TERR. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33334 CITY-ST-ZIP CITY-ST-7IP Change. . . Addition. □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.

HRMANDO L. BUSUTIL

SIGNATURE:

FILED