

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88176

Entity Name: REFRICENTER NORTH INC.**Current Principal Place of Business:**27 NE 179 ST
UNIT-B
N MIAMI BCH, FL 33162-1021**Current Mailing Address:**7101 NW 43RD ST
MIAMI, FL 33166 US**FEI Number:** 65-0129770**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERNANDEZ, JOSE CP
7101 NW 43RD ST
MIAMI, FL 33166 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	HERNANDEZ, HOSE C
Address	7101 N.W. 43RD. ST.
City-State-Zip:	MIAMI FL 33166

Title	SD
Name	ARVESU, PEDRO
Address	7101 N.W. 43RD. ST.
City-State-Zip:	MIAMI FL 33166

Title	VPT
Name	HERNANDEZ, CIRILO
Address	7101 N.W. 43RD. ST.
City-State-Zip:	MIAMI FL 33166

Title	AS
Name	HERNANDEZ, JOSE C
Address	7101 NW 43 ST
City-State-Zip:	MIAMI FL 33166

Title	CONTROLLER
Name	LAGO, MARTHA
Address	27 NE 179 ST UNIT-B
City-State-Zip:	N MIAMI BCH FL 33162-1021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTHA LAGO**CONTROLLER****03/24/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date