

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90155 001 \*\*\*317.50

33009120



☐ CHECK HERE IF MAKING CHANGES

|                                                                                                                                                 |                                                                                                     |                                                                                                                                                                                                                               |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # 252500</b>                                                                                                                        |                                                                                                     |                                                                                                                                              |                                                                   |
| 1. Entity Name<br><b>AERO KOOL CORPORATION</b>                                                                                                  |                                                                                                     | Principal Place of Business<br><b>1495 S.E. 10 AVENUE<br/>HIALEAH FL 33010-5984</b>                                                                                                                                           |                                                                   |
| Mailing Address<br><b>1495 S.E. 10 AVENUE<br/>HIALEAH FL 33010-5984</b>                                                                         |                                                                                                     | 2. Principal Place of Business<br><b>1495 SE 10th Ave</b>                                                                                                                                                                     |                                                                   |
| 3. Mailing Address<br><b>(same)</b>                                                                                                             |                                                                                                     | Suite, Apt. #, etc.                                                                                                                                                                                                           |                                                                   |
| City & State<br><b>Hialeah, FL</b>                                                                                                              |                                                                                                     | City & State                                                                                                                                                                                                                  |                                                                   |
| Zip<br><b>33010</b>                                                                                                                             | Country<br><b>USA</b>                                                                               | Zip                                                                                                                                                                                                                           | Country                                                           |
| 4. FEI Number<br><b>59-0941233</b>                                                                                                              |                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                        |                                                                   |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                   |                                                                                                     | 6. Name and Address of Current Registered Agent<br><b>GREGOR, THEODORE H.<br/>1495 S.E. 10 AVE<br/>HIALEAH FL 33010</b>                                                                                                       |                                                                   |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. |                                                                   |
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable.                                                      |                                                                                                     | DATE                                                                                                                                                                                                                          |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> |                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                        |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                      |                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                         |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | PD<br>GREGOR, THEODORE H.<br>9400 SW 61 COURT<br>PINECREST FL 33156 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | S<br>GREGOR, ALKMINI<br>9400 SW 61 COURT<br>PINECREST FL 33156 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                  | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Theodore H. Gregor* **Theodore H. Gregor** 2/7/03 305-887-6912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)