

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 281482

1. Entity Name

MIAMI REFRIGERATION CORPORATION

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90098 048 ***150.00

Principal Place of Business

% ROBERT SALTZMAN
11462 SW 87TH TERRACE
MIAMI FL 33173

Mailing Address

% ROBERT SALTZMAN
11462 SW 87TH TERRACE
MIAMI FL 33173-4218

2. Principal Place of Business

10543 SW 129 PLACE
Suite, Apt. #, etc.

3. Mailing Address

10543 S.W. 129 PLACE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
Zip 33186-3549 Country USA

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Zip 33186-3549 Country USA

4. FEI Number 59-1089730
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALTZMAN, ROBERT N
11462 SW 87TH TERRACE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name
SALTZMAN, ROBERT N.
Street Address (P.O. Box Number is Not Acceptable)
10543 SW 129 PLACE
City MIAMI FL Zip Code 33186-3549

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: Jan 20, 2000

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SALTZMAN, ROBERT	
STREET ADDRESS	11462 SW 87TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10543 S.W. 129 PLACE	
CITY-ST-ZIP	MIAMI FL 33186-3549	
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		
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]* ROBERT SALTZMAN JAN 20, 2000 305/385-2175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)