

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90371 043 \*\*\*150.00

0283751 AV

**DOCUMENT # 457723**

1. Entity Name

**REFRICENTER DOMESTIC INTERNATIONAL SALES CORPORATION**



Principal Place of Business

7101 NW 43RD ST  
MIAMI FL 33166

Mailing Address

7101 NW 43RD ST  
MIAMI FL 33166

10075208



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1552606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSE, NAVARRO A ESQ.

7950 W FLAGLER ST, STE 104 6401 S.W. 87 Ave  
MIAMI FL 33144 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	<del>HERNANDEZ, GIRILO</del>	
STREET ADDRESS	7101 N.W. 43RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARVESU, PEDRO	
STREET ADDRESS	7101 N.W. 43RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	<del>HERNANDEZ, JOSE C</del>	
STREET ADDRESS	7101 NW 43RD ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JOSE C	
STREET ADDRESS	7101 N.W. 43RD ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	C	<input type="checkbox"/> Delete
NAME	VALDES, ARMANDO JR	
STREET ADDRESS	7101 NW 43RD ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE C. HERNANDEZ	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRILO HERNANDEZ	
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		

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:**

*Signature of Armando Valdes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03

Date

305 477-8880

Daytime Phone #

CR2E034 (10/02)