

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90131 040 ***550.00

DOCUMENT # 588874

1. Entity Name
PORT EVERGLADES COLD STORAGE, INC.

Principal Place of Business
3205 SE 19 AVENUE
PORT EVERGLADES FL 33316
US

Mailing Address
P O BOX 21370
FT LAUDERDALE FL 33335
US

2. Principal Place of Business

3. Mailing Address
302 Progress Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Auburndale, FL

4. FEI Number **59-1933000**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33823

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEMNANI, RAJ K.
251 ISLAND DR.
KEY BISCAYNE FL 33149

Name **Stephen Saterbo**

Street Address (P.O. Box Number is Not Acceptable)
108 Campbell DR

City **Winter Haven** **FL** Zip Code **33884**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PTD**
 STREET ADDRESS **HEMNANI, RAJ K.**
 CITY-ST-ZIP **251 ISLAND DR.**
KEY BISCAYNE FL ☒ Delete

TITLE
 NAME **VP**
 STREET ADDRESS **Stephen Saterbo**
 CITY-ST-ZIP **108 Campbell DR**
Winter Haven, FL 33884 ☐ Change ☒ Addition

TITLE
 NAME **VD**
 STREET ADDRESS **HEMNANI, SEEMA R.**
 CITY-ST-ZIP **251 ISLAND DR.**
KEY BISCAYNE FL ☒ Delete

TITLE
 NAME **VP**
 STREET ADDRESS **Bryan Saterbo**
 CITY-ST-ZIP **149 Woden Way**
Winter Haven, FL 33884 ☐ Change ☒ Addition

TITLE
 NAME ☐ Delete

TITLE
 NAME **VP**
 STREET ADDRESS **John Saterbo**
 CITY-ST-ZIP **1 Cypress Cove Rd**
Winter Haven, FL 33884 ☐ Change ☒ Addition

TITLE
 NAME ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition

TITLE
 NAME ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition

TITLE
 NAME ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)