

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90217 048 \*\*\*160.00

DOCUMENT # *F02000006218*

1. Entity Name

*COOL LINE, INC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

*FLORIDA*

*753 Michigan Ave*

Suite, Apt. #, etc.

*UNIT 2D 753 Michigan Ave. # 2D*

City & State

*MIAMI BEACH FL*

Zip

*33139*

Country

*U.S*

City & State

*MIAMI BEACH FL*

Zip

*33139*

Country

*US*

4. FEI Number

*04-3521081*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*MICHAEL BURKE*

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

*2D 753 Michigan Ave*

City

*MIAMI BEACH*

FL

*33139*

**DO NOT WRITE  
IN THIS SPACE**

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

*M. Burke*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/5/03*

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	<i>DAVID HYMAS - PRESIDENT</i>
NAME	<i>100 Lincoln Rd.</i>
STREET ADDRESS	<i>MIAMI FL 33139</i>
CITY-ST-ZIP	
TITLE	<i>MICHAEL J. MCCANN - VP</i>
NAME	<i>CHAIRMAN BOARD OF DIRECTOR</i>
STREET ADDRESS	<i>3421 SPANISH TR.</i>
CITY-ST-ZIP	<i>DELRAY BEACH FL 33483</i>
TITLE	<i>MICHAEL BURKE VP-CLERK</i>
NAME	<i>H2D MICHIGAN AVE TRFS</i>
STREET ADDRESS	<i>MIAMI BEACH FL 33139</i>
CITY-ST-ZIP	
TITLE	<i>MARK ROLLAND - VP. TECH ADVISOR</i>
NAME	<i>6800 SOUTH WEST 62 COURT</i>
STREET ADDRESS	<i>MIAMI 33143</i>
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*M. Burke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/5/03*

Date

*(305) 535-6682*

Daytime Phone #

CR2E034B (12/01)