

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 22, 2000 8:00 am  
Secretary of State

09-22-2000 90004 008 \*\*\*750.00

DOCUMENT # F10398

1. Entity Name

KOOL PAK, INC.

Principal Place of Business

2750 N-29TH AVE  
#118  
HOLLYWOOD FL 33020  
US

Mailing Address

2750 N-29TH AVE  
#118  
HOLLYWOOD FL 33020  
US

2. Principal Place of Business

2700 N-29 Ave  
Suite, Apt. #, etc.  
# 303

3. Mailing Address

2700 N 29 Ave  
Suite, Apt. #, etc.  
# 303

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33020

Country

BRUNNEN

Zip

33020

Country

BRUNNEN

4. FEI Number

59-2038915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOPSICK, MICHAEL D  
7777 GLADES ROAD  
SUITE 200  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

Mopsick, Michael D

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

2500 N. Military Trail #980

1

City

Boca Raton, FL 33431

Zip Code

33431

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, 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, 2000 Min. 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

|                                                |                                                                     |                                 |
|------------------------------------------------|---------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>ZINGLER, MARC<br>2750 N-29 AVE #118<br>HOLLYWOOD FL           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>HATCH-ZINGLER, LAURIE<br>2750 N. 29 AVE. #118<br>HOLLYWOOD FL | <input type="checkbox"/> Delete |
| 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"/> Delete |
| 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"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                           |                                                                              |
|------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 2700 N-29 Ave #303<br>Hollywood FL 33020  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 2700 N-29 Ave #303<br>Hollywood, FL 33020 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition            |
| 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"/> Change <input type="checkbox"/> 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:

MARC B. ZINGLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/00 984-925-7744

Date

Daytime Phone #