

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J35584

1. Entity Name

REFRIGERATION APPLIANCE PARTS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90055 031 ***150.00

Principal Place of Business

1218 DYER BLVD.
2469 WINNER CIR.
KISSIMMEE FL 34741
US

Mailing Address

225 EAST ROBINSON STREET
540
ORLANDO FL 32801-4321
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

315 E. Robinson St.

Suite 160

ORLANDO FL

32801

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2725359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIO A GARCIA, ESQ
225 E ROBINSON ST
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

315 E. Robinson St

Suite 160

ORLANDO

FL

Zip Code

32801

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

MARIO A. GARCIA 1/11/2000

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
NAME GONZALEZ, GONZALO A.
STREET ADDRESS 2469 WINNER CIR
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE V
NAME GONZALEZ, ARMANDO
STREET ADDRESS 2469 WINNER CIR
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARMANDO GONZALEZ 3/1/00

4079330023

CR2E034 (9/99)