

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J97823

1. Entity Name

SURE COLD, INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90160 006 \*\*\*158.75

Principal Place of Business

3921 SW 47TH AVE.  
SUITE 104  
DAVIE FL 33314  
US

Mailing Address

3921 SW 47TH AVE.  
SUITE 104  
DAVIE FL 33314-2832  
US

2. Principal Place of Business

727 NORTH DRIVE  
SUITE E

3. Mailing Address

727 NORTH DRIVE  
SUITE E

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE, FLORIDA

Zip

32934

Country

USA

Zip

32934

Country

USA

4. FEI Number

65-0057649

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MARILENA  
9142 D SW 23RD ST.  
FT LAUD FL 33324

7. Name and Address of New Registered Agent

Name

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

1169 WHITE OAK CIRCLE

City

MELBOURNE

FL

Zip Code

32934

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 \$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 **PTD** ☐ Delete  
NAME **WILLIAMS, MARILENA**  
STREET ADDRESS **9142D SW 23RD ST.**  
CITY-ST-ZIP **FT LAUD FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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: *Marilena Williams* MARILENA WILLIAMS PRES. 4-7-00 (321)751-1051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #