

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90165 014 ***150.00

DOCUMENT # K01806

1. Entity Name

REFRIEXPRESS, INC.

Principal Place of Business

**917 EL RADO STREET
 CORAL GABLES FL 33134**

Mailing Address

**917 EL RADO STREET
 CORAL GABLES FL 33134**

2. Principal Place of Business

133 Ocean Shore Drive
 Suite, Apt. #, etc.

3. Mailing Address

133 Ocean Shore Drive
 Suite, Apt. #, etc.

City & State

Key Largo, FL
 Zip **33037** Country

City & State

Key Largo, FL
 Zip **33037** Country

4. FEI Number **59-2856159**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, FRANCISCO
 917 EL RADO STREET
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Francisco Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable)
133 Ocean Shore Drive
 City **Key Largo** FL Zip Code **33037**

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 **Francisco Rodriguez**, FRANCISCO RODRIGUEZ ✓ 02/02/01
 Signed, 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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, FRANCISCO	
STREET ADDRESS	917 EL RADO STREET	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, BLANCA	
STREET ADDRESS	917 EL RADO STREET	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	133 Ocean Shore Drive	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	133 Ocean Shore Drive	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)