

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90030 044 \*\*\*158.75

**DOCUMENT # K30271**

1. Entity Name

**PROTEC COOLING TOWERS, INC.**

Principal Place of Business

Mailing Address

6935 NW 50TH STREET  
 MIAMI FL 33166-5633

6935 NW 50TH STREET  
 MIAMI FL 33166-5633

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0087734**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOTOLONGO, ALFREDO**  
**6935 NW 50TH ST**  
**MIAMI FL 33166**

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V**  Delete  
 NAME **SOTOLONGO, ALFREDO**  
 STREET ADDRESS **6935 NW 50 ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **PTD**  Change  Addition  
 NAME **SOTOLONGO, ALFREDO**  
 STREET ADDRESS **660 CALATRAVA AVE.**  
 CITY-ST-ZIP **CORAL GABLES, FL. 33143**

TITLE **VD**  Delete  
 NAME **PEREZ, RENE**  
 STREET ADDRESS **1845 S.W. 87TH PL.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **V**  Change  Addition  
 NAME **PEREZ, RENE**  
 STREET ADDRESS **1845 S.W. 87TH PLACE**  
 CITY-ST-ZIP **MIAMI, FL. 33165**

TITLE **VD**  Delete  
 NAME **SABATER, ENRIQUE**  
 STREET ADDRESS **10137 S.W. 117TH COURT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **V**  Change  Addition  
 NAME **SABATER, ENRIQUE**  
 STREET ADDRESS **10137 S.W. 117TH COURT**  
 CITY-ST-ZIP **MIAMI, FL. 33186**

TITLE **S**  Delete  
 NAME **SOTOLONGO, GLORIA**  
 STREET ADDRESS **660 CALATRAVA AVE**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VSD**  Change  Addition  
 NAME **SOTOLONGO, GLORIA**  
 STREET ADDRESS **660 CALATRAVA AVE.**  
 CITY-ST-ZIP **CORAL GABLES, FL. 33143**

TITLE **D**  Delete  
 NAME **ESPINO, JORGE**  
 STREET ADDRESS **7920 SW 69TH TERR**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VD**  Change  Addition  
 NAME **SOTOLONGO, ALFREDO M.**  
 STREET ADDRESS **10700 SW 74TH COURT**  
 CITY-ST-ZIP **PINE CREST, FL. 33156**

TITLE **V**  Delete  
 NAME **SOTOLONGO-ABINADER, GLORIA**  
 STREET ADDRESS **750 CORDNADO AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE **VD**  Change  Addition  
 NAME **SOTOLONGO-ABINADER, GLORIA**  
 STREET ADDRESS **750 CORONADO AVE**  
 CITY-ST-ZIP **CORAL GABLES, FL. 33143**

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

**ALFREDO SOTOLONGO**

Date

Daytime Phone #

**3/14/00 (305) 594-3684**

CR2E034 (9/99)