

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90236 042 \*\*\*158.75

DOCUMENT # **K30271**



1. Entity Name  
**PROTEC COOLING TOWERS, INC.**

Principal Place of Business  
**6935 NW 50TH STREET  
MIAMI FL 33166-5633**

Mailing Address  
**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

4. FEI Number **65-0087734**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTVD	<input type="checkbox"/> Delete
NAME	SOTOLONGO, ALFREDO	
STREET ADDRESS	660 CALATRAVA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEREZ, RENE	
STREET ADDRESS	1845 S.W. 87TH PL.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	V	<input type="checkbox"/> Delete
NAME	SABATER, ENRIQUE	
STREET ADDRESS	10137 S.W. 117TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SOTOLONGO, GLORIA	
STREET ADDRESS	660 CALATRAVA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOTOLONGO-ABINADER, GLORIA	
STREET ADDRESS	750 CORDNADO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFREDO M. SOTOLONGO	
STREET ADDRESS	10700 SW 74 CT	
CITY-ST-ZIP	DINE CREST, FL 33156	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alfredo Sotolongo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 (305) 594-3684  
Date Daytime Phone #

CD05034 (10/02)