

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90200 008 ****50.00

DOCUMENT # **L01000014362**

1. Entity Name

COOLING INTERNATIONAL, LLC

Principal Place of Business

Mailing Address

4339 MAGNOLIA RIDGE DR
WESTON, FL
33331

900400

2. Principal Place of Business

4339 MAGNOLIA RIDGE DR
 Suite, Apt. #, etc.

3. Mailing Address

4339 MAGNOLIA RIDGE DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-1132737

Applied For

Not Applicable

Zip

Country

33331

USA

Zip

Country

33331

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOVAR DEL CORRAL, JOSE G
8180 NW 36 ST, SUITE 100
MIAMI, FL 33166

Name **JOSE G. TOVAR DEL CORRAL**

Street Address (P.O. Box Number is Not Acceptable)
ARIAS TOVAR & ASSOCIATES, P.A

8180 NW 36 ST, SUITE 100

City **MIAMI**

FL

Zip Code **33166**

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.

JOSE G. TOVAR DEL CORRAL

4-24-02

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **MGRM**
 STREET ADDRESS **SIGALA, CARLOS**
 CITY-ST-ZIP **4339 MAGNOLIA RIDGE DR**
WESTON, FL 33331

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **MGRM**
 STREET ADDRESS **BENSING, KARIN**
 CITY-ST-ZIP **4339 MAGNOLIA RIDGE DR**
WESTON, FL 33331

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **MGRM**
 STREET ADDRESS **ESQUELA, FERNANDO**
 CITY-ST-ZIP **4339 MAGNOLIA RIDGE DR**
WESTON, FL 33331

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **MGRM**
 STREET ADDRESS **BENSING, BRYAN**
 CITY-ST-ZIP **4339 MAGNOLIA RIDGE DR**
WESTON, FL 33331

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **MGRM**
 STREET ADDRESS **ESQUELA, SEBASTIAN**
 CITY-ST-ZIP **4339 MAGNOLIA RIDGE DR**
WESTON, FL 33331

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO ESQUELA (254) 660-0609
MGRM Date **4-24-02** Daytime Phone #

CR2E034 (11/00)