

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90075 022 ****50.00

DOCUMENT # L01000014362

1. Entity Name

COOLING INTERNATIONAL, LLC



Principal Place of Business

**4339 MAGNOLIA RIDGE DR
WESTON FL 33331**

Mailing Address

**4339 MAGNOLIA RIDGE DR
WESTON FL 33331**

2. Principal Place of Business

2151 Opalocka Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2151 Opalocka Blvd

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Opalocka FL

Zip

33054

Country

USA

City & State

Opalocka FL

Zip

33054

Country

USA

4. FEI Number **65-1132737**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **TONAR DEL CORRAL, JOSE.**

Street Address (P.O. Box Number is Not Acceptable)
2151 Opalocka Blvd.

City **Opalocka**

FL

Zip Code **33054**

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 \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE **MGRM** ☐ Delete
NAME **ESCUELA, FERNANDO**
STREET ADDRESS **4339 MAGNOLIA RIDGE DR**
CITY-ST-ZIP **WESTON FL 33331**

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

TITLE **MGRM** ☐ Delete
NAME **ESCUELA, SEBASTIAN**
STREET ADDRESS **4339 MAGNOLIA RIDGE DR**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **BENSING, KARIN** ☒ Change ☐ Addition
NAME **MGRM.**
STREET ADDRESS **2151 Opalocka Blvd.**
CITY-ST-ZIP **Opalocka Florida 33054**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Escuela Fernando**
STREET ADDRESS **2151 Opalocka Blvd.**
CITY-ST-ZIP **Opalocka Florida 33054**

TITLE **MGRM.** ☒ Change ☐ Addition
NAME **Escuela, Sebastian**
STREET ADDRESS **2151 Opalocka Blvd.**
CITY-ST-ZIP **Opalocka Florida 33054**

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

08/19/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)