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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M11617

1. Entity Name

REFRIGERATION SALES & EXPORT, INC.

FILED Feb 05, 2000 8:00 am Secretary of State

Added to Fees (See criteria on back) Abde Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 TITLE NAME TIOMNO, CESAR SREET ADDRESS ROTY-ST-ZIP TITLE SD KANAREK DETIOMNO, CECILIA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-	WEI III GE	AND COLLEGE OF LIVE				02-0	05-2000 90026 00	06 ***150.00)
### FL 20155 MAMF FL 20155-44-25 ### Place of Business S. Mailing Address ### Place of Business S. Mailing Address ### Place of Business Subject Apt. #, etc. ### Place of Business Security Subject Apt. #, etc. ### Place of Business Security Se	Principal Place	e of Business	Mailing Address						
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City & State City & State City & State Country Country Country Country Country Country Set Padda435 Name Serent Address of Name and Address of Current Registered Agent Name Name Name Name Name Name Serent Address of Name and Address of Current Registered Agent City FL Zip Code R. The above named critisy submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signature, hood or tamost name or registered agent or this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signature, hood or tamost name or registered agent or diffice or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Address to do so Make The Registered Agent greated entered agent and the fact to do so Make The Registered Agent greated entered agent and the fact to do so Make The Registered Agent greated entered agent and the fact to do so Make The Registered Agent greated entered agent and the fact to do so Make The Registered Agent greated entered agent and the fact to do so Make The Registered Agent greated agent and the fact to do so Make The Registered Agent greated agent and the fact to do so Make The Registered Agent greated agent and the fact to do so Make The Registered Agent greated agent and the fact to do so Make The Registered Agent greated agent and the fact the fact agent greated agent and the fact	2. Principal Pl	ace of Business	3. Mailing Address						
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Fee Required Fee	City & State		City & State			4. FLINGINDEI	59-2494345		Not ≙;
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4230 SW 75 AVE MIAMI FL 33155 City FL Zip Code			· · · · · · · · · · · · · · · · · · ·	Na	me ·	_			
MIAMI FL 33155 City FL Zip Code				Str	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named ontity submits this statement for the purpose of changing its rogistered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Signature Signature Signature 9. This corporation is eligible to satisfy its intenglible Tax filing requirement and elects to do so (See gitteria on back) After MAY 1, 2000 Fee will be \$550.00								<u> </u>	
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 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.				Cit	y			FI Zip C	ode · ·
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		certify that the information supplied with	this filing does not qualify for			ion 119.07(3)(i),	Florida Statutes. I furth	ner certify that the	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-264-2002