

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90055 017 ***150.00

DOCUMENT # M34425

1. Entity Name

WATSCO INVESTMENTS II, INC.

Principal Place of Business

Mailing Address

2665 S. BAYSHORE DRIVE
 #901
 MIAMI FL 33133

2665 S. BAYSHORE DRIVE
 #901
 MIAMI FL 33133-5401

2. Principal Place of Business

2665 S. Bayshore Drive

3. Mailing Address

2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite 901

Suite, Apt. #, etc.

Suite 901

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

6. Name and Address of Current Registered Agent

**LOGAN, BARRY
 C/O WATSCO, INC.
 2665 SOUTH BAYSHORE DRIVE #901
 MIAMI FL 33133**

7. Name and Address of New Registered Agent

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

TITLE **PDS** ☐ Delete
 NAME **LOGAN, BARRY S**
 STREET ADDRESS **324 CADIMA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SVD** ☒ Delete
 NAME **PEREZ DE LA MESA, MANUEL**
 STREET ADDRESS **15885 WEST PRESWICK PLACE**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☐ Change ☒ Addition
 NAME **Menendez, Ana M.**
 STREET ADDRESS **2665 S. Bayshore Drive, Suite 901**
 CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE **T** ☐ Change ☒ Addition
 NAME **Zulueta, Doris**
 STREET ADDRESS **2665 S. Bayshore Drive, Suite 901**
 CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE **Asst. Treas** ☐ Change ☒ Addition
 NAME **Palmese, Daniel**
 STREET ADDRESS **2665 S. Bayshore Drive, Suite 901**
 CITY-ST-ZIP **Coconut Grove, FL 33133**

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

TITLE ☐ Change ☐ Addition
 NAME
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 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: **Daniel Palmese**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Palmese
Asst Treasurer 03/21/00 (305) 714-4119
 Date Daytime Phone #

CR2E034 (9/99)