

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M34646

1. Entity Name

WATSCO INVESTMENTS I, INC.

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

03-29-2000 90055 013 \*\*\*150.00

Principal Place of Business

Mailing Address

2665 S. BAYSHORE DR.  
901  
MIAMI FL 33133

2665 S. BAYSHORE DR.  
901  
MIAMI FL 33133-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2696358

Applied For

Not Applicable

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D V Asst. S ☐ Change ☒ Addition  
NAME Menendez, Ana M.  
STREET ADDRESS 2665 S. Bayshore Dr., Suite 901  
CITY-ST-ZIP Coconut Grove, FL 33133

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

TITLE S P D ☐ Change ☒ Addition  
NAME Logan, Barry S.  
STREET ADDRESS 324 Cadima Ave.  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Daniel Palmese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Palmese  
Asst. Treasurer

03/21/00

(305) 714-4119

CR2E034 (9/99)