

# 2001 UNIFORM BUSINESS REPORT (UBR)

0156877

**DOCUMENT # M34646**

1. Entity Name  
**WATSCO INVESTMENTS I, INC.**

**FILED**  
01 MAR 23 PM 2: 10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business <b>2665 S. BAYSHORE DR. 901 MIAMI FL 33133</b>	Mailing Address <b>2665 S. BAYSHORE DR. 901 MIAMI FL 33133</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. # <i>SAME</i>	3. Mailing Address Suite, Apt. # <i>SAME</i>
City & State <b>COCONUT GROVE, FL</b>	City & State <b>COCONUT GROVE, FL</b>
Zip <i>SAME</i> Country	Zip <i>SAME</i> Country

4. FEI Number <b>59-2696358</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SPD LOGAN, BARRY S 324 CADIMA AVENUE CORAL GABLES FL 33134</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAS MENENDEZ, ANA M 2665 S BAYSHORE DR STE 901 COCONUT GROVE FL 33133</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT PALMESE, DANIEL 2665 S BAYSHORE DR STE 901 COCONUT GROVE FL 33133</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ZULUETA, DORIS 2665 S BAYSHORE DR STE 901 COCONUT GROVE FL 33133</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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-03/28/01--01083--001  
\*\*\*1250.00 \*\*\*150.00

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* DAN PALMESE Date: 03/14/01 Daytime Phone #: 305-714-4119

CR2E034 (10/00)