## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2002 8:00 am g Secretary of State **DOCUMENT #** M37525 1. Entity Name REFRICENTER OF PALM BEACH, INC. 05-03-2002 90047 020 \*\*\*150 00 Principal Place of Business Mailing Address 1685 FLORIDA MANGO RD NORTH 7101 NW 43RD ST. W PALM BCH FL 33409 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2717033 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAVARRO, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 7950 WEST FLAGLER STREET STE, 104 MIAMI FL 33144 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition NAME HERNANDEZ, CIRILO NAME STREET ADDRESS 7101 NW 43RD ST. STREET ADDRESS CITY-ST-ZIP MIAM! FL CITY-ST-ZIP TITI F ☐ Delete TITLE Addition NAME ARVESU, PEDRO NAME STREET ADDRESS 7101 NW 43RD ST. STREET ADDRESS CITY-ST-7IE MIAMI FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME HERNANDEZ JOSE C. NAME' STREET ADDRESS 7101 NW 43RD ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition HERNANDEZ JOSE C. NAME STREET ADDRESS 7101 NW 43RD ST. STREET ADDRESS CITY-ST-ZIP MIAMI F CITY-ST-ZIP ☐ Delete TITLE Change Addition VALDES, ARMANDO JR NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7101 NW 43RD ST

**MIAMI FL 33166** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

<u>04-16-02</u>

<u>305-477-8880</u>

☐ Change

Addition

CR2E034 (9/01)

FILED

Daytime Phone #