

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M80693**

1. Entity Name
MASTER COOL, INC.

Principal Place of Business
**6341 N.W. 33RD WAY
FT. LAUDERDALE FL 33309**

Mailing Address
**6341 N.W. 33RD WAY
FT. LAUDERDALE FL 33309**

FILED
02 MAY 16 AM 11:47
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0052552**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MARTIN, WILLIAM J.
6341 N.W. 33RD WAY
FT. LAUDERDALE FL 33309**

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 re-registering)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **D**
NAME **MARTIN, WILLIAM J.**
STREET ADDRESS **6341 N.W. 33RD WAY**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST**
NAME **MARTIN, NANCY**
STREET ADDRESS **6341 N.W. 33RD WAY**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

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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:

WILLIAM J. MARTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0312836 AV

CR2E034 (9/01)

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-06/12/02--01055--003
******150.00 ****150.00**

William J

4/24/02

954-974-4612