

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91446 031 ***150.00

DOCUMENT # P00000017194

1. Entity Name
RADIATORS R-US, INC.



Principal Place of Business
8600 NW 27TH AVE
MIAMI FL 33147

Mailing Address
8600 NW 27TH AVE
MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

3600 S State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

City & State

City & State

Miramar FL

Zip

Country

Zip

Country

33023

4. FEI Number 65-0989481

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAVO, ADA F
3600 SOUTH STATE RD 7
SUITE 220
MIRAMAR FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

STE 220

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ada F Bravo*

(NOTE: Registered Agent signature required when reinstating)

4/21/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS
NAME MARTINEZ, CARMELO
STREET ADDRESS 1435 SW 6TH ST #4
CITY-ST-ZIP MIAMI FL 33135

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with a power of attorney.

SIGNATURE:

Carla Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

Daytime Phone #

CR2E034 (10/02)