

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042185

1. Entity Name

ACUTEMP TRANSMISSIONS, INC.

Principal Place of Business

Mailing Address

4982 S.W. 102ND AVENUE
COOPER CITY FL 33028

4982 S.W. 102ND AVENUE
COOPER CITY FL 33028

2. Principal Place of Business

42 Lake Henry Drive

Suite, Apt. #, etc.

3. Mailing Address

42 Lake Henry Drive

Suite, Apt. #, etc.

City & State

Lake Placid, FL

City & State

Lake Placid, FL

Country

Zip

33852

Country

4. FEI Number

65-1001179

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
Samperi, Samuel George

Street Address (P.O. Box Number is Not Acceptable)
42 Lake Henry Drive

Lake Placid, FL

City
Lake Placid

FL

Zip Code
33852

8. I, the undersigned, hereby submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Samuel George Samperi

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-01

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAMPERI, SAMUEL GEORGE
4982 S.W. 102ND AVENUE
COOPER CITY FL 33028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
42 Lake Henry Drive
Lake Placid, FL 33852

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

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

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; that 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 page attached with an address, with all other like empowered.

SIGNATURE: *Samuel George Samperi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-28-01

DAYTIME PHONE #

805-844-2711

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90113 005 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)