

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90044 027 ***150.00

DOCUMENT # **P000000 53954**
1. Entity Name
THERMOCHILL, INC. ✓

DO NOT WRITE IN THIS SPACE

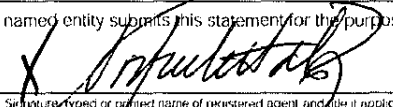
2. Principal Place of Business 7370 ORANGEWOOD LN		3. Mailing Address 7370 ORANGEWOOD LN	
Suite, Apt. #, etc. # 206		Suite, Apt. #, etc. # 206	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33433	Country PALE BEACH	Zip 33433	Country PALE BEACH

DO NOT WRITE IN THIS SPACE

4. FEIN Number 65-1012569		Applied For ☐	Not Applicable ☒
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name NORHA IMBETT DE LOPEZ	
	Street Address (P.O. Box Number is Not Acceptable) 7370 ORANGEWOOD LANE	
	City BOCA RATON FL Zip 33433	

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.

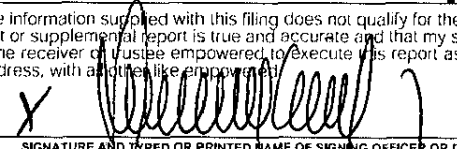
SIGNATURE  DATE **1/29/02**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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	P/D CAMPO, AUGUSTO LOPEZ 7370 ORANGEWOOD LN #206 BOCA RATON FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D IMBETT DE LOPEZ, NORHA 7370 ORANGEWOOD LN #206 BOCA RATON FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with another like approval.

SIGNATURE:  Pres. **1/29/02** **561-852-3576**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)