2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 26, 2002 8:00 am § Secretary of State P00000059490 DOCUMENT # 1. Entity Name LION KING ELECTRIC COOL, INC. 03-26-2002 90094 004 ***150.00 Principal Place of Business Mailing Address 1701 SW-92ND PLACE - -.1701_SW_92ND_PLACE ---MIAMI FL 33165 MIAMI FL 33165 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 65-1018743 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEONEL (30123445 A&P REGISTERED AGENT, INC. Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137TH AVENUE SUITE 226 **MIAMI FL 33175** FZ. MIANI 8. The above named entity submits this statement for the purpose of changing its registered office or registered ent, 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 einstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition CR2E034 (9/01 Change GONZALEZ, LEONEL NAME NAME 1701 SW 92ND PLACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition valdez, lazaro r NAME: NAME 8729 NW 188 LANE STREET ADDRESS STREET ADDRESS HIALEAH FL 33165 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change **Addition** LAZARO R. RODRIGUEZ 105 NAME NAME STREET ADDRESS STREET ADDRESS FL. 33018 CITY-ST-ZIP HIALEAN, CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an adverse, with all other like empowered.

305-318-3571

FILED