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Secretary of State

05-03-2006 90258 013 ***150.00

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2006 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061573			
1. Entity Name 85-1018610 Coolrelic International, Inc. 5911 S.W. 199 Avenue Pembroke Pines, FL 33332-1584			
Principal Place of Business 85-1018610 Coolrelic International, Inc. 5911 S.W. 199 Avenue Pembroke Pines, FL 33332-1584		Mailing Address Martin A. Drutz, Accountant 8966 S.W. 87 Ct., Suite 12-A Miami, FL 33176	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-108610		Applied For Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent Ralph T. Amato Jr. 5911 S.W. 199 Ave Pembroke Pines, FL 33332			
7. Name and Address of New Registered Agent 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 date of signature Typed Name of Registered Agent and date of signature DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW! FEE IS \$160.00 After MAY 1, 2006 Fee will be \$850.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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 officer 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 attached list with an address with all other like empowered.			
SIGNATURE: [Signature] DATE: 4-24-06			