

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90428 037 \*\*\*158.75

**DOCUMENT # P00000094509**

1. Entity Name  
**COOL RHYTHM INC.**



Principal Place of Business  
**7660 SHALIMAR STREET  
MIRAMAR FL 33023**

Mailing Address  
**7660 SHALIMAR STREET  
MIRAMAR FL 33023**

2. Principal Place of Business

**7660 Shalimar St.**

Suite, Apt. #, etc.

3. Mailing Address

**7660 Shalimar St.**

Suite, Apt. #, etc.

City & State

**MIRAMAR FL**

City & State

**MIRAMAR FL**

Zip

**33023**

Country

**USA**

Zip

**33023**

Country

**USA**

4. FEI Number

**65-1018598**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WARNER, JANETT  
7933 GRANADA BLVD  
MIRAMAR FL 33023**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**April 15, 03**

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARNER, JANETT</b>	
STREET ADDRESS	<b>3105 ACAPULCO CT</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOSEPH, EKIBA</b>	
STREET ADDRESS	<b>7660 SHALIMAR STREET</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 15, 03**

Date

**954 981 1555**

Daytime Phone #

CR2E034 (10/02)