

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-10-2001 90128 028 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P0000011362**

1. Entity Name

COOL AUTO AC, INC.



Principal Place of Business

13640 NW 19 Ave. Bay-19
Opa Locka, FL 33167

Mailing Address

13640 NW 19 Ave. Bay-19
Opa Locka, FL 33167

2. Principal Place of Business

3. Mailing Address

75 NE 130 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, Florida

4. FEI Number

65-1060230

Applied For

Not Applicable

Zip

Country

Zip

Country

33161

USA

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Nubian Tax Consultants
16300 NE 19 Avenue
Suite 215
N. Miami Beach, FL 33162

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 title if applicable.

(NOTE: Registered Agent signature required when retreating)

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	Ernest Louis	
STREET ADDRESS	75 NE 130 Street	
CITY-ST-ZIP	Miami, FL 33161	

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

TITLE	VSD	☐ Delete
NAME		
STREET ADDRESS	1120 NW 117 Street	
CITY-ST-ZIP	Miami, FL 33167	

N/A
Please remove
the VSD Delete info

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Change ☐ Addition
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)(f), 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Phone #

4-27-01

(305) 588-9752

CR2E034 (11/00)