

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90282 045 ***150.00

DOCUMENT # P01000012480

1. Entity Name
COOLING COMPONENTS CORP.



Principal Place of Business
10302 NW SOUTH RIVER DR BOX 6
MIAMI FL 33178

Mailing Address
10302 NW SOUTH RIVER DR BOX 6
MIAMI FL 33178

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 94-3414790

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MUNOZ, LUZDARY~~
~~10302 NW SOUTH RIVER DR BOX 6~~
~~MIAMI FL 33178~~

WADI ROMANO
10302 NW SOUTH RIVER DRIVE
MEDLEY, FLA. 33178

Name WADI ROMANO
Street Address (P.O. Box Number is Not Acceptable) 10302 NW SOUTH RIVER DRIVE
WAREHOUSE #6
City MEDLEY FL Zip Code 33178

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 WADI ROMANO GENERAL MANAGER 2/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANO, JUAN JOSE 444 BRICKELL AVE SUITE 300 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAGECK, NICOLAS 90 A-03 65 ST B BOGOTA, COLOMBIA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-PRESIDENT- DENISE ROMANO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1534 SOPER AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, EDDIE 12438 SW 128 ST MIAMI FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL MANAGER WADI ROMANO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8180 GENEVA CT. #330B MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMANO, MARIA CLARA 444 BRICKELL AVE SUITE 300 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIA CLARA ROMANO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 444 Brickell Ave Suite 300 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE:

WADI ROMANO GENERAL MGR. 2/14/03 (305) 883-7091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)