

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90192 033 ***550.00

0138314 AT

DOCUMENT # P02000097569

1. Entity Name
COOL CONNECTIONS, INC.



Principal Place of Business
**720 S MAIN ST STE B
LA BELLE FL 33935**

Mailing Address
**720 S MAIN ST STE B
LA BELLE FL 33935**



2. Principal Place of Business
281 S. Bridge St.

3. Mailing Address
P.O. Box 2315

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LaBelle, FL

City & State
LaBelle, FL

4. FEI Number
02-0641801

Applied For
Not Applicable

Zip
33935 Country
U.S.A.

Zip
33935 Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
Kimberly Marroquin
Street Address (P.O. Box Number is Not Acceptable)
281 S. Bridge St.
Suite B
City
LaBelle FL Zip Code
33935

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

(NOTE: Registered Agent signature required when reinstating)

8/28/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
PD
NAME
MARROQUIN, KIMBERLY ☐ Delete
STREET ADDRESS
720 S MAIN ST STE B
CITY-ST-ZIP
LA BELLE FL 33935

TITLE
VD
NAME
MARROQUIN, FRANK ☐ Delete
STREET ADDRESS
720 S MAIN ST STE B
CITY-ST-ZIP
LA BELLE FL 33935

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
MARROQUIN, KIMBERLY S. ☒ Change ☐ Addition
STREET ADDRESS
281 S. Bridge St. Suite B
CITY-ST-ZIP
LaBelle, FL 33935

TITLE
VD
NAME
MARROQUIN FRANK JR. ☒ Change ☐ Addition
STREET ADDRESS
281 S. Bridge St. Suite B
CITY-ST-ZIP
LaBelle, FL 33935

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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

8/28/03
Date

803612-0237
Daytime Phone #

CR2E034 (4/03)