

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0060674 AV

DOCUMENT # P02000099922

1. Entity Name
REFRIMET U.S.A., INC.



FILED

03 SEP 25 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9273 COLLINS AVE #409
MIAMI BEACH FL 33154

Mailing Address
~~9273 COLLINS AVE #409~~
~~MIAMI BEACH FL 33154~~



2. Principal Place of Business

3. Mailing Address

10264 S.W. 127 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

4. FEI Number
35-2185031

Applied For
Not Applicable

Zip

Country

Zip
33186

Country
U.S.A.

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALBONI, EDUARDO R
9273 COLLINS AVE #409
MIAMI BEACH FL 33154

Name
Doris E Cardelle
Street Address (P.O. Box Number is Not Acceptable)
10264 S.W. 127 COURT
City
Miami FL Zip Code
33186

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 Doris E Cardelle Doris E Cardelle (Accountant) 9/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALBONI, EDUARDO R 9273 COLLINS AVE #409 MIAMI BEACH FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BALBONI, EDUARDO R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900023341585 09/25/03--01074--016 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 like empowered.

SIGNATURE (X) SIGNATURE REQUIRED President 9/22/03 786- 306-0187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Doris E. Cardelle

TAX AND ACCOUNTING CONSULTANT

Ph: (305) 385-2469 Fax: (305) 385-6938

DECARDELLE@PRODIGY.NET

Florida Dept of State

RE: Document #P02000099922
Refrimet USA, Inc.

To Whom It May Concern:

My client has informed me that they have recently received a second notice regarding the annual business report. They were out of the country since the corporation is still inactive. They came to the USA 9/16/03 and opened all their correspondence.

My client was unaware of the filing requirement and to avoid that from happening again they have appointed me as the registered agent.

We respectfully ask that you accept the payment of \$150.00 hereby enclosed and accept my client's apology and that it was not intentional.

Sincerely,

Doris E. Cardelle

Doris Cardelle
Accountant