

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90775 029 \*\*\*150.00

**DOCUMENT # P02000119423**

1. Entity Name  
**PHOENIX REFRIGERATION, INC**



Principal Place of Business  
**1900 SOUTH TREASURE DR**

**2D-**  
**NORTH BAY VILLAGE FL 33141**

Mailing Address

**1900 SOUTH TREASURE DR**

**2D-**  
**NORTH BAY VILLAGE FL 33141**

2. Principal Place of Business

**6970 Indian Creek**

3. Mailing Address

**1150 NW 72nd Ave**

Suite, Apt. #, etc.

**66**

Suite, Apt. #, etc.

**555**

City & State

**Miami Beach, FL**

City & State

**Miami, FL**

Zip

**33141**

Country

**USA**

Zip

**33126**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**56-2303140**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VITALE, SERGIO A**

**1900 S TREASURE DR**

**2E-**  
**NORTH BAY VILLAGE FL 33141**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**6970 Indian Creek Ap. 66**

City

**Miami Beach**

**FL**

Zip Code

**33141**

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

**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

**PIT/SD**

**VITALE, SERGIO A SR**

**1900 S TREASURE DR #2D**

**NBV FL 33141**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP**

**OLMO, MONICA B**

**1900 S TREASURE DR #2D**

**NBV FL 33141**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T**

**VITALE, ALEJANDRO P**

**1900 S TREASURE DR #2D**

**NBV FL 33141**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**6970 Indian Creek 66**

**Miami Beach, FL 33141**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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: **Sergio Vitale**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/03 305-994-1533**

Date Daytime Phone #

CR2E034 (10/02)