

1. Entity Name

MR KOOL RADIATOR AND TIRE SERVICE, INC.



Principal Place of Business

11890 N.W. 87TH COURT BAY 6
HIALEAH GARDENS FL 33018

Mailing Address

11890 N.W. 87TH COURT BAY 6
HIALEAH GARDENS FL 33018

FILED
Mar 14, 2007 08:00 AM
Secretary of State



2. Principal Place of Business - No P.O. Box

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 43-2031872

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PENENORI, JORGE J
11890 N.W. 87TH COURT BAY 6
HIALEAH GARDENS FL 33018

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. 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, 2007 Fee Will Be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS PENENORI, JORGE J
 CITY-STATE-ZIP 9971 N.W. 27TH STREET
 MIAMI FL 33172

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS PENENORI, MARIBEL
 CITY-STATE-ZIP 9971 N.W. 27TH STREET
 MIAMI FL 33172

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 000000685722
 03/23/07-80040-014 150.00

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE J. PENENORI Pres. 2/20/07 905-577-4554

Date

Daytime Phone #