

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007533

1. Entity Name

ATLANTIC COMMERCIAL REFRIGERATION, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90083 019 \*\*\*150.00

Principal Place of Business

4832 N DIXIE HWY  
OAKLAND PARK FL 33334  
US

Mailing Address

2998 NW 48TH TERRACE  
STE 228  
LAUDERDALE LAKES FL 33313-1614  
US

2. Principal Place of Business

549 NE 34th St. #12

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0391148

Applied For

Not Applicable

Zip

Country

Zip

Country

33334

Broward

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

LANDRY, ROLAND  
2998 NW 48TH TERRACE  
STE 228  
LAUDERDALE LAKES FL 33313

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00.**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                      |  |
|----------------|--------------------------------------|--|
| TITLE          | S                                    | <input checked="" type="checkbox"/> Delete |
| NAME           | LANDRY, ROLAND                       |  |
| STREET ADDRESS | 2998 NW 48TH TERRACE                 |  |
| CITY-ST-ZIP    | LAUDERDALE LAKES FL 33313            |  |
| TITLE          | V                                    | <input type="checkbox"/> Delete            |
| NAME           | LANDRY, IAN                          |  |
| STREET ADDRESS | 2998 NW 48TH TERRACE                 |  |
| CITY-ST-ZIP    | LAUDERDALE LAKES FL 33313            |  |
| TITLE          | P                                    | <input type="checkbox"/> Delete            |
| NAME           | SANFORD, STERN                       |  |
| STREET ADDRESS | 1707 SW WATERFALL BLVD.              |  |
| CITY-ST-ZIP    | PALM CITY FL 34990                   |  |
| TITLE          | P                                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <del>RONDEAU, SUZANN</del>           |  |
| STREET ADDRESS | <del>2998 NW 48TH TERR</del>         |  |
| CITY-ST-ZIP    | <del>LAUDERDALE LAKES FL 33313</del> |  |
| TITLE          |                                      | <input type="checkbox"/> Delete            |
| NAME           |                                      |  |
| STREET ADDRESS |                                      |  |
| CITY-ST-ZIP    |                                      |  |
| TITLE          |                                      | <input type="checkbox"/> Delete            |
| NAME           |                                      |  |
| STREET ADDRESS |                                      |  |
| CITY-ST-ZIP    |                                      |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

JAMES WATSON  
4860 N. ANDREWS Ave  
FT LAUD FL 33309  
Director

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES WATSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-2000

CR2E034 (9/99)