

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

07-10-2000 90011 021 \*\*\*158.75

**DOCUMENT # P93000048249**

1. Entity Name

**HI-TECH COOLING, INC.**

Principal Place of Business

673 SW WHITMORE DR  
 PORT ST LUCIE FL 34984  
 US

Mailing Address

673 SW WHITMORE DR  
 PORT ST LUCIE FL 34984-3567  
 US

2. Principal Place of Business

**673 SW Whitmore**

Suite, Apt. #, etc.

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

**PS-L Florida**

City & State

**Same**

Zip

**34984**

Country

**St Lucie**

Zip

Country

4. FEI Number

**65-0419410**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SINGH, PARAMOUTIE  
 1974 SW SCORPIO LANE  
 PORT ST. LUCIE FL 34984**

7. Name and Address of New Registered Agent

Name **Paramoutie C. Singh**

Street Address (P.O. Box Number is Not Acceptable)  
**1699 SW Sunset Trail**

City **Palm City**

**FL**

Zip Code  
**34990**

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

**Paramoutie Singh**

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

TITLE **D** ☐ Delete

NAME **SINGH, YOGNAUTH**  
 STREET ADDRESS **1974 SW SCORPIO LANE**  
 CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE **D** ☐ Delete

NAME **SINGH, PARAMOUTIE C**  
 STREET ADDRESS **1974 S.W. SCORPIO LANE**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Yognauth Singh** ☒ Change ☐ Addition

NAME **1699 SW Sunset Trail**  
 STREET ADDRESS **Palm City FL 34990**  
 CITY-ST-ZIP

TITLE **Paramoutie Singh** ☒ Change ☐ Addition

NAME **1699 SW Sunset Trail**  
 STREET ADDRESS **Palm City FL 34990**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Paramoutie Singh**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/00**

Date

**561-340-0543**

Daytime Phone #

CR2E034 (9/99)