

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000069596

1. Entity Name

SOUTHEASTERN CHILLER OF MIAMI, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90087 028 ***150.00

Principal Place of Business

Mailing Address

7667-265 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065
US

7667-265 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

7667 W. Sample Rd. #265

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7667 W. Sample Rd. #265

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0441324

Applied For

Not Applicable

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

MURPHY, TOM N. JR.
980 NORTH FEDERAL HWY
SUITE 410
BOCA RATON FL 33432

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
WEST, DIANA
8025 COLEE COVE RD
ST AUGUSTINE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MEANS, LAURENCE
4347 NW 73RD WAY
CORAL SPRGS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MEANS, KATHRYN
4347 N.W. 73 WAY
CORAL SPRINGS FL

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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

954

1-14-00

796-8779