

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000069596**1. Entity Name
SOUTHEASTERN CHILLER OF MIAMI, INC.

Principal Place of Business 7667 WEST SAMPLE ROAD #265 CORAL SPRINGS 33065 US	FL	Mailing Address 7667-265 WEST SAMPLE ROAD CORAL SPRINGS 33065 US	FL
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2. Principal Place of Business 7667 WEST SAMPLE ROAD # 265	3. Mailing Address 7667 WEST SAMPLE ROAD # 265
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
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Zip 33065	Country US	Zip 33065	Country US
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4. FEI Number 65-0441324	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMURPHY TOM N. JR.
980 NORTH FEDERAL HWY
SUITE 410
BOCA RATON
33432
US

FL

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.

SIGNATURE _____ **03/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEANS KATHRYN 4347 N.W. 73 WAY CORAL SPRINGS 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	DVP WEST DIANA 8025 COLEE COVE RD ST AUGUSTINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEANS KATHRYN 4347 N.W. 73 WAY CORAL SPRINGS FL 33065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEANS LAURENCE 4347 NW 73RD WAY CORAL SPRGS FL 33065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEST DIANA 8025 COLEE COVE RD ST AUGUSTINE FL 32092	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Laurence Means

Pres 03/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)