

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033617

1. Entity Name

COOL ZONE AIR CONDITIONING AND REFRIGERATION INC

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90023 017 \*\*\*150.00

Principal Place of Business

1003 NW 52 ST  
FT LAUDERDALE FL 33309  
US

Mailing Address

1003 NW 52 ST  
FT LAUDERDALE FL 33309-3141  
US

2. Principal Place of Business

1862 NW 54th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate FL

City & State

Zip

Country

Zip 33063

4. FEI Number

65-0487378

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

GRIDI, RAZIEL  
4971 NW 54TH STREET  
COCONUT CREEK FL 33073

Name

Gridi Raziel  
1862 NW 54th Ave

City

Margate

FL

Zip Code  
33063

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	D	<input type="checkbox"/> Delete
NAME	GRIDI, RAZIEL	
STREET ADDRESS	4971 NW 54TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIDI, MICHELLE	
STREET ADDRESS	4971 NW 54TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raziel Gridi

4-20-2000

954-493 8711

Date

Daytime Phone #

CR2E034 (9/99)