

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046940

1. Entity Name

B.R.M. REFRIGERATION, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90014 027 ***150.00

Principal Place of Business

Mailing Address

11841 S.W. 4TH ST.
MIAMI FL 33184

11841 S.W. 4TH ST.
MIAMI FL 33184-1705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0501305**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, BARTOLOME R
11841 S.W. 4TH ST.
MIAMI FL 33184

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	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, BARTOLOME R	
STREET ADDRESS	11841 S.W. 4TH STREET	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTINEZ, NORMA C	
STREET ADDRESS	11841 S.W. 4TH STREET	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CABALLERO, ANGEL L	
STREET ADDRESS	9601 S.W. 79TH ST.	
CITY-ST-ZIP	MIAMI FL 33173	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADELYN Sabel Martinez	
STREET ADDRESS	15480 SW 59 ST	
CITY-ST-ZIP	MIAMI, FLORIDA 33193	
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		

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

1/28/00 (305) 223-0954

Date

Daytime Phone #

CR2E034 (9/99)