


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0084434  
AV

**DOCUMENT # P94000046940**

1. Entity Name  
**B.R.M. REFRIGERATION, INC.**



FILED

03 OCT 31 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** *03*  
☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**11841 S.W. 4TH ST.  
MIAMI FL 33184**

Mailing Address  
**11841 S.W. 4TH ST.  
MIAMI FL 33184**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
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**

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, BARTOLOME R</b>	
STREET ADDRESS	<b>11841 S.W. 4TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTINEZ, NORMA C</b>	
STREET ADDRESS	<b>11841 S.W. 4TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, MADELYN SABEL</b>	
STREET ADDRESS	<b>15480 SW 59 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33193</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, JOHN</b>	
STREET ADDRESS	<b>14386 SW 166 TER</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Salvador Fernandez</b>	
STREET ADDRESS	<b>same as above</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>200024340982</b>	
STREET ADDRESS	<b>10/31/03--01088--010 **150.00</b>	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

**BRM REFRIGERATION, INC.**  
**11841 SW 4<sup>TH</sup> STREET**  
**Miami, Florida 33184**  
**305-970-1201**

October 15, 2003

Uniform Business Reports  
Division of Corporation  
409 east Gaines Street  
Tallahassee, Florida 32399

Document # P94000046940

To whom it may concern:

I would like to take this opportunity to explain a very important situation to our firm, back in April we sent a check # in the amount of \$ 150.00. After a while I called the office because the check had not cleared our bank, and your office advice us to wait and call back at a later date, your office informed us that they were behind 2 month, we called back in August and were told the same, now I called in October and your office ask me to write and letter of explanation of this situation.

Please be advice that we've been a corporation since 1994 and please check your records that we have never had any kind of problem with our company nor with our filling.

Please I ask you to accept our payment, we are a responsible company and I will regret highly that this could harm our status with you.

Should you have any questions or need any additional information please do not hesitate to contact me directly at (305) 970-1201.

Sincerely yours,

  
Madelyn Martinez  
Managing Director