

# 2000 UNIFORM BUSINESS REPORT (UBR)

0208858

DOCUMENT # P94000068403

1. Entity Name

FRIOMAX TRADING CORP.

FILED

00 APR 27 AM 11:03

Principal Place of Business

101 MADEIRA AVENUE  
CORAL GABLES FL 33134

Mailing Address

101 MADEIRA AVENUE  
CORAL GABLES FL 33134-4515

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2100 Salzedo St

3. Mailing Address

2100 Salzedo St

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Coral Gables Fl

City & State

Coral Gables FL

4. FEI Number

65-0551414

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

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

ARAZOZA, COMAS D & FERNA  
2100 SALZEDO ST  
STE 300  
CORAL GABLES FL 33134

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          | PD                     | <input type="checkbox"/> Delete |
| NAME           | AGUILAR, ALFREDO       |                                 |
| STREET ADDRESS | C/O 101 MADEIRA AVE.   |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL        |                                 |
| TITLE          | SD                     | <input type="checkbox"/> Delete |
| NAME           | AGUILAR, MILDRED       |                                 |
| STREET ADDRESS | C/O 101 MADIERA AVENUE |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL        |                                 |
| 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          | PD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Aguilar, Alfredo     |  |
| STREET ADDRESS | C/o 2100 Salzedo     |  |
| CITY-ST-ZIP    | Coral Gables Fl      |  |
| TITLE          | SD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Aguilar, Mildred     |  |
| STREET ADDRESS | C/O 2100 Salzedo St. |  |
| CITY-ST-ZIP    | Coral Gables Fl      |  |
| 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

4-19-2000

Date

Daytime Phone #

CR2E034 (9/99)