2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am DOCUMENT # **P95000067856 Secretary of State** COLD STORAGE HOLDINGS, INC. 03-22-2000 90023 024 ***150.00 Mailing Address Principal Place of Business 2826 EAST OAKLAND PARK BLVD 2826 EAST OAKLAND PARK BLVD STE 300 FORT L'AUDERDALE FL 33306-1814 FT LAUDERDALE FL 33306 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0616144 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROJAS, MARCO A Street Address (P.O. Box Number is Not Acceptable) 2826 EAST OAKLAND PARK BLVD 300 FORT LAUDERDALE FL 33306 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE BIEGER, GILBERT NAME NAME STREET ADDRESS STREET ADDRESS 2826 E OAKLAND PARK BLVD. STE 300 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Addition Delete ☐ Change TITLE TITLE NAME ROJAS, MARCO A. NAME STREET ADDRESS 2826 E OAKLAND PARK BLVD, STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Change Addition ☐ Delete TITLE TITLE MAME LEVY, FRED L. NAME 2826 E OAKLAND PARK BLVD, STE 3004 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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

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SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

954564-1928

Date

Daytime Phone #