

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90137 026 ***150.00

DOCUMENT # P95000083671

1. Entity Name
TRI-COUNTY REFRIGERATION INC.



Principal Place of Business
9530 NW 12TH ST #103 1771-1773 NW 79th AVE
MIAMI FL 33172 MIAMI FL 33172
US MIAMI, FL 33126

Mailing Address
9530 NW 12TH ST #103
MIAMI FL 33172
US 1771-1773 NW 79 AVE
MIAMI, FL 33126

2. Principal Place of Business
1771-1773 NW 79 AVE

3. Mailing Address
1771-1773 NW 79 AVE

Suite, Apt. #, etc.

City & State
MIAMI - FL

Zip
33126

Country
U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0626586**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, EMILIO M
13614 NW 10 ST
MIAMI FL 33182

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete

NAME **BROWN, EMILIO M**

STREET ADDRESS **13614 NW 10TH ST**

CITY-ST-ZIP **MIAMI FL-33172**

TITLE **SD** ☐ Delete

NAME **BROWN, ASTRID**

STREET ADDRESS **13614 NW 10TH ST**

CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS **33182**

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS **33182**

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Astrid Brown**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/03

Date

(305) 639-3356

Daytime Phone #

0901433 AV

CR2E034 (10/02)