

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027212

1. Entity Name

PARALLEL REFRIGERATION, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90064 033 ***150.00

Principal Place of Business

Mailing Address

7337 NW 32ND AVE
MIAMI FL 33147

7337 NW 32ND AVE
MIAMI FL 33147

2. Principal Place of Business

7335 NW 32nd Ave.

3. Mailing Address

7335 NW 32nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number 65-0726142

Applied For

Not Applicable

Zip

33147

Country

Dade

Zip

33147

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUBON, JOSE
7337 NW 32 AVENUE
MIAMI FL 33147

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, 2001 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 | DUBON, JOSE | |
| STREET ADDRESS | 3171 NW 95TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33147 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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| 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

Date

Daytime Phone #

01/23/01 (305)
836-2689

CR2E034 (10/00)