2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 19, 2000 8:00 am Secretary of State DOCUMENT # P96000073871 1. Entity Name CHALEX COOL, INC. 07-19-2000 90005 039 ***550.00 Mailing Address Principal Place of Business 7661 NW 68TH ST 7661 NW 68TH ST NO 128 NO 128 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 7544 N.W. 70 ST 3. Mailing Address 7544 N.W. 70 ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Cit/ & State Applied For 4. FEI Number 65-0692973 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 33166 33166 Fee Required DADE. ==- キャッティー・6.: Name and Address of Current Registered Agent ====== -7.=Name and Address of New Registered Agent = ----Name Eurlio THE SOLANO GROUP, P.A. Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 42ND AVE., #437 MIAMI FL 33126 702 EAST 32 ST Zip Code 330/3 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITI F Change Change ☐ Addition TITLE ☐ Delete REYES HIEXANDER E REYES, ALEXANDER E NAME NAME 135 50 87 CT STREET ADDRESS 7661 NW 68 ST #128 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 **VSD** Addition ☐ Delete TITLE TITLE PEYES ENILIS A REYES, EMILIO A NAME NAME 702 EAST 32 ST STREET ADDRESS STREET ADDRESS 7661 NW 68 ST #128 CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.