

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069264

1. Entity Name

MASTER REFRIGERATION INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90152 034 ***150.00

Principal Place of Business

Mailing Address

115 S.W. 135TH AVENUE
MIAMI FL

115 S.W. 135TH AVENUE
MIAMI FL 33184-1003

LU068377



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8620 N.W. 64 Street

P.O. Box 557237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay # 11

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country
USA

Zip
33155

Country
USA

4. FEI Number

65-0774200

Applied For

Not Applicable

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

SANCHEZ, RITA M
115 S.W. 135TH AVENUE
MIAMI FL

Name Amy Lynn Sanchez

Street Address (P.O. Box Number is Not Acceptable)

8620 N.W. 64 Street Bay # 11
City Miami FL Zip Code 33166

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 *Amy Lynn Sanchez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

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
NAME SANCHEZ, FELIX A
STREET ADDRESS 115 S.W. 135TH AVE.
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE ~~PD~~ M
NAME Amy Lynn Sanchez ☐ Change ☒ Addition
STREET ADDRESS 15111 S. Waterford Dr.
CITY-ST-ZIP Davie, FL 33331

TITLE SD
NAME SANCHEZ, RITA M
STREET ADDRESS 115 S.W. 135TH AVE.
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SANCHEZ, ROMAN
STREET ADDRESS 1821 S.W. 119TH AVE
CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

TITLE ~~D~~
NAME Sanchez, Roman ☒ Change ☐ Addition
STREET ADDRESS 15111 S. Waterford Dr.
CITY-ST-ZIP Davie FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Amy Lynn Sanchez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 305-392-2888
Date Daytime Phone #

CR2E034 (9/99)