# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

FILED
04 NOV -2 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080161

1. Entity Name
Refri Appliance Parts, Corp.

**DO NOT WRITE IN THIS SPACE**

REINSTATEMENT 04

DO NOT WRITE IN THIS SPACE MRS

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2533 W. 71ST Place | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Hialeah, Fl | City & State |
| Zip: 33016 Country | Zip Country |

4. FEI Number: 65-0781028 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Caraballo, Hector J.

Street Address (P.O. Box Number is Not Acceptable): 2533 W. 71ST Place

City: Hialeah FL Zip Code: 33016

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: _____ 100042802191 11/17/04--01005--002 **150.00

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

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Caraballo Hector J.<br>2533 W. 71ST Place<br>Hialeah, FL 33016 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

CR2E034B (12/02)

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 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 #

292

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $150 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **REFRI APPLIANCES PARTS, CORP.**

Thank you for your courtesy in this matter.

**HECTOR J CARABALLO**
**PRESIDENT**