

2000 UNIFORM BUSINESS REPORT (UBR) AMENDING 2000

APPROVED
AND
FILED

00 AUG 10 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000105036

1. Entity Name
RICO INSULATION CORP.

Principal Place of Business
4310 NW 51 ST.
COCONUT CREEK, FL 33073

2. Principal Place of Business
4310 NW 51 ST.
Suite, Apt. #, etc.

3. Mailing Address
4310 NW 51 ST.
Suite, Apt. #, etc.

City & State
Coconut Creek, FL
Zip
33073
Country
U.S.A.

City & State
Coconut Creek, FL
Zip
33073
Country
U.S.A.

4. FEI Number
65-0801088
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name
000003368540--5
Street Address (P.O. Box Number is Not Applicable)
00000000--01042--001
*****70.00 *****70.00
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, 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

TITLE P/T/D	<input type="checkbox"/> Delete
NAME LUIS E. CRUZ	
STREET ADDRESS 4310 NW 51 ST.	
CITY-ST-ZIP COCONUT CREEK, FL 33073	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUIS E. CRUZ	
STREET ADDRESS 4310 NW 51 ST.	
CITY-ST-ZIP COCONUT CREEK, FL 33073	
TITLE V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KAREN A. CRUZ	
STREET ADDRESS 4310 NW 51 ST.	
CITY-ST-ZIP COCONUT CREEK, FL 33073	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AS RANDY L. STEGEMOLLER	
STREET ADDRESS 4310 NW 51 ST.	
CITY-ST-ZIP COCONUT CREEK, FL 33073	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Karen A. Cruz KAREN A. CRUZ 8-3-00 (954) 481-9609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)