

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90009 049 ***550.75

DOCUMENT # P98000012711

1. Entity Name
HEAT STORE, INC.

Principal Place of Business
SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE, SUITE 2300
MIAMI FL 33131

Mailing Address
SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE, SUITE 2300
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

601 BISCAYNE BLVD
 Suite, Apt. #, etc.
AMERICAN AIRLINES AREA

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33132 Country
USA

Zip Country

4. FEI Number
65-0827900

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 300
MIAMI FL 33131

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	ARISON, MICKY	ONE S.E. THIRD AVENUE SUITE 2300	
		MIAMI FL 33131		
	D	FRANK, HOWARD S	ONE S.E. THIRD AVENUE SUITE 2300	
		MIAMI FL 33131		
	D	CROSS, L J	ONE S.E. THIRD AVENUE SUITE 2300	<input checked="" type="checkbox"/>
		MIAMI FL 33131		
	XXXXXXXXXXXX			<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		601 BISCAYNE BLVD	Miami, FL 33132	
		601 BISCAYNE BLVD	Miami, FL 33132	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ERIC WOOLWORTH	601 BISCAYNE BLVD	Miami, FL 33132	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (5/01)