

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071493

1. Entity Name
R & M REFRIGERATED, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90046 040 ***150.00

Principal Place of Business Mailing Address
14229 SW 25 TERRACE 2121 N.W. 24 Ave **14229 SW 25 TERRACE**
MIAMI FL 33175 33142 **MIAMI FL 33175**

924661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2121 N.W. 24 Avenue **14229 S.W. 25 Terr**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL **MIAMI FL**
Zip Country Zip Country
33142 USA **33175 USA**

4. FEI Number **65-0860409** 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

POLO, RAUL
10689 N. KENDALL DRIVE
SUITE 309
MIAMI FL 33176

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLO, RAUL 14229 SW 25 TERRACE MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01 (305) 221-2627
Date Daytime Phone #

CR2E034 (10/00)