

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000010607**

1. Entity Name

COOLER MASTER-MIAMI, INC.**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90065 026 ***150.00

Principal Place of Business

Mailing Address

C/O 2 SOUTH BISCAYNE BLVD.
SUITE 3400, ONE BISCAYNE TOWER
MIAMI FL 33131C/O 2 SOUTH BISCAYNE BLVD.
SUITE 3400, ONE BISCAYNE TOWER
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0898793

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

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD.
SUITE 3400
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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☒ Delete
NAME **CHEN, CHIU PA**
STREET ADDRESS **RUA ADRIAN RIBERIO DE SOUZA 110 SANTO AMAR**
CITY-ST-ZIP **SAO PAULO-SP BRAZIL CEP 04710-150**TITLE **D** ☒ Change ☐ Addition
NAME **Cheng, Chiu Po**
STREET ADDRESS **Rua Adrian Riberio de Souza 110 Santo Amar**
CITY-ST-ZIP **Sao Paulo-SP Brazil CEP 04710-150**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Change ☒ Addition
NAME **Shun, Chiu Hui**
STREET ADDRESS **Rua Adrian Riberio de Souza 110 Santo Amar**
CITY-ST-ZIP **Sao Paulo-SP Brazil CEP 04710-150**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S/T** ☐ Change ☒ Addition
NAME **Ferrini, Andre Luis**
STREET ADDRESS **Rua Adrian Riberio de Souza 110 Santo Amar**
CITY-ST-ZIP **Sao Paulo-SP Brazil CEP 04710-150**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **CHU PO CHENG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr. 17, 2000 305-318-4080

CR2E034 (9/99)