

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022635

1. Entity Name
COOL RUNNINGS AIR CONDITIONING INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90007 017 ***558.75

Principal Place of Business
1825 NW 129TH STREET
NORTH MIAMI FL 33167

Mailing Address
1825 NW 129TH STREET
NORTH MIAMI FL 33167

2. Principal Place of Business
1825 NW 129 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

None

City & State
N. Miami, FL 33167

City & State

4. FEI Number
65-0903459

Applied For
Not Applicable

Zip Country

Zip Country

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

Colleen Willory
1825 NW 129 Street
N. Miami FL 33167

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 *Colleen Willory*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-1-00

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 13, 2000 Min. 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 PD
NAME WILLORY, COLLEEN
STREET ADDRESS 1825 NW 129TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33167 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME GORDON, HARREL SR.
STREET ADDRESS 1825 NW 129TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33167 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: *Colleen Willory*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-00
Date

305 685-8518
Daytime Phone #

CR2E034 (5/00)