

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022635

1. Entity Name

COOL RUNNINGS AIR CONDITIONING INC.

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90065 018 ***150.00

Principal Place of Business

1825 NW 129 STREET
N MIAMI FL 33167

Mailing Address

1825 NW 129TH STREET
NORTH MIAMI FL 33167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami, FL

City & State

N. Miami, FL

Zip

33167

Country

USA

Zip

33167

Country

USA

4. FEI Number

65-0903459

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLORY, COLLEEN
1825 NW 129 STREET
N MIAMI FL 33167

7. Name and Address of New Registered Agent

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 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
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

(305)685-8518

Daytime Phone #

CR2E034 (10/00)