

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90114 036 ***150.00

DOCUMENT # P99000026380

1. Entity Name
COOL PLACES, INC.

Principal Place of Business

1881 WASHINGTON AVENUE
#PHA
MIAMI BEACH FL 33139
US

Mailing Address

1881 WASHINGTON AVENUE
#PHA
MIAMI BEACH FL 33139
US

2. Principal Place of Business

1521 ALTON RD
 Suite, Apt. #, etc.
#533

3. Mailing Address

1521 ALTON RD
 Suite, Apt. #, etc.
#533

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

Zip

33139

Country

DADE

4. FEI Number

58-2310414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GREEMAN, GREGORY
1881 WASHINGTON AVENUE, PH
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **STEVEN GRUBB (ESQUIRE)**
 Street Address (P.O. Box Number is Not Acceptable)
307 CONTINENTAL PLAZA
3250 MARY STREET
 City **COCONUT GROVE, FL** Zip Code **33133**

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] 1/18/02

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FREEMAN, GREGORY	
STREET ADDRESS	1881 WASHINGTON AVENUE-PH	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOYA, ADRIANA	
STREET ADDRESS	1881 WASHINGTON AVENUE-PH	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREG FREEMAN	
STREET ADDRESS	1521 ALTON ROAD #533	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYA, ADRIANA	
STREET ADDRESS	1521 ALTON ROAD #533	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 (305) 829-5662
 Date Daytime Phone #

CR2E034 (9/01)