2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PR

NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000034356** Jan 14, 2000 8:00 am 1. Entity Name **COOLINE AMERICA CORPORATION Secretary of State** 01-14-2000 90035 015 ***150.00 Principal Place of Business Mailing Address 7925 N.W. 12TH STREET 7925 N.W. 12TH STREET SHITE 111 SUITE 111 MIAMI FL 33126 MIAMI FL 33126-1820 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE 28TH FLOOR **MIAMI FL 33131** Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. PRESIDENT PRESIDENT **X** Addition Delete TITLE TITLE BRYAN C. BRANDEGEE BRYAN C. BRANDEGEE NAME NAME 7925 NW 12 ST, # 111 STREET ADDRESS 7925 NW 12 ST H 111 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE -NAME - - -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.