

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90402 005 ***150.00

DOCUMENT # P99000093451

1. Entity Name
COOL CARS USA, INC.

Principal Place of Business
1190 S. DIXIE HWY
WAREHOUSE # 4
POMPANO BEACH FL 33060

Mailing Address
1190 S. DIXIE HWY
WAREHOUSE # 4
POMPANO BEACH FL 33060



2. Principal Place of Business
1190 S. Dixie Hwy
 Suite, Apt. #, etc.
WAREHOUSE #4
 City & State
Pompano Beach
 Zip
33060
 Country
FLORIDA

3. Mailing Address
1190 S. Dixie Hwy
 Suite, Apt. #, etc.
WAREHOUSE #4
 City & State
Pompano Beach
 Zip
33060
 Country
FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0958332** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIGNOTT, ANDREW
9701 NW 18TH CT.
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name
MIGNOTT, ANDREW
 Street Address (P.O. Box Number is Not Acceptable)
9701 NW 18th Ct
 City **Plantation** **FL** Zip Code **33322**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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	P <input type="checkbox"/> Delete
NAME	MIGNETT, ANDREW
STREET ADDRESS	9301 NW 18TH COURT
CITY-ST-ZIP	PLANTATION FL 33322
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	<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
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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: **ANDREW MIGNETT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **28 April 02** Daytime Phone # **(954) 6121223**

CR2E034 (9/01)