2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

S08073 **DOCUMENT #**

1. Entity Name

Principal Place of Business

FOODSERVICE REFRIGERATION INC.



FILED

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2. Principal Place of Business Sulfe, Apt. #, offc. Sulfe, Apt. #, offc. Check Here if Maximing CHANGES City & State City & State City & State A. FEI Number 65-0231386 Applied For Not Applied	1440 SW 31 AVE POMPANO BEACH FL 33069 US			1440 SW 31 AVE POMPANO BEACH FL 33069 US								
City & State A. FEI Number & 65-0231386 A. Fee Address of Poe Number & Fee	2. Principal Place of Business			3. Mai	3. Mailing Address				<u> </u>			
Zip Country Zip Country	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (International Control of Registered Agent and the Florida Department of State FILE NOW!!! FEE IS \$150,000 After May 1, 2000 Fee will be \$550,000 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ITILE, NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-	City & State			City	City & State				hh-123138h			
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GENESIO, THOMAS A 1460 S.W. 3RD ST B-2 POMPANO BEACH FL 33069 City FL Zip Code 9. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, 'special or Private familiar with and statement for the purpose of changing its registered Agent registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the registered Agent registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, 'special or Private familiar with and the registered Agent registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Floridar agent with, and accept the obligation of Floridar agent with, and accept the obligation of Floridar agent with, and accept the obligation of Floridary agent with a part of Floridary agent with, and accept the obligation of Floridary agent with a part of Floridary a		6. Name	and Address of	Current Registere	ed Agent				Name and Address of New Registered A	gent		
1460 S.W. 3RD ST B-2							Name					
B-2 POMPANO BEACH FL 33069 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the both the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the both the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the both, in the State of Florida. I am familiar with, and accept the familiar with and			4		Street Address (ress (P.O. B	P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33069 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME SIRET ADDRESS CITY-ST-2IP TITLE NA	_	J. 1.2 - C ,										
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After May 1, 2003 Fee will be \$55.00 May Be Added to Fees Make Check Payable to Florida Department of State 10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
TITLE OR GENESIO, THOMAS A STREET ADDRESS CITY-ST-ZIP TITLE OR CI	After May 1, 2003 Fee will be \$550.00 May Be Trust Fund Contribution. Added to Fees											
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TITLE	NAME STREET ADDRESS	GENESIO, 2310 N.E.	41 ST		☐ Delete	NAMI STRE	ET ADDRESS			☐ Change	Addition	
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		ertify that the	information supp	lied with this filing	does not qualify for			in Section	119 07/3Vi) Florida Statutes I further cost	ify that the	nformation	

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 10 or Block 11 if changed, or on an attachment with an address, will all other like empowered.

SIGNATURE:

Daytime Phone #