2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee en changed, or on an attachment with an addres

SIGNATURE:

May 14, 2002 8:00 am Secretary of State **DOCUMENT #** V54007 1. Entity Name MIAMI KOOL, INC. 05-14-2002 90541 001 ***150.00 05-14-2002 90541 002 *****8.75 Principal Place of Business Mailing Address 10980 BISCAYNE BLVD. 10980 BISCAYNE BLVD. NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0345505 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIARATO, UGO V Street Address (P.O. Box Number is Not Acceptable) 220 71ST STREET #213 MIAMI BEACH FL 33141 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change ☐ Addition VALDES, VICTOR H NAME . NAME 10980 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33161 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition VALDES, PEDRO F NAME NAME STREET ADDRESS 10980 BISCAYNE BLVD. STREET ADDRESS CITY-\$T-ZIP **NORTH MIAMI FL 33161** CITY-ST-ZIP - Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ~□ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing toes 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

FILED