

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90001 021 \*\*\*\*70.00

**DOCUMENT # 734492**

1. Entity Name

**AIR CONDITIONING CONTRACTORS OF AMERICA, GOLD CO**

Principal Place of Business

Mailing Address

1650 SOUTH DIXIE HIGHWAY  
 5TH FLOOR  
 BOCA RATON FL 33432  
 US

1650 SOUTH DIXIE HIGHWAY  
 5TH FLOOR  
 BOCA RATON FL 33432-7462  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2778128**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMULLEN, JAMES S**  
**1650 SOUTH DIXIE HIGHWAY**  
**5TH FLOOR**  
**BOCA RATON FL 33432**

Name **Donald M. Ferreira**

Street Address (P.O. Box Number is Not Acceptable)  
**1650 S. Dixie Hwy., Ste. 500**

City **Boca Raton,**

**FL**

Zip Code **33432**

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.

BY SIGNATURE

**Donald M. Ferreira**

**4-26-00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS: \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  SD  Delete  
 NAME **LINDSTROM, DOUGLAS S**  
 STREET ADDRESS **6601 LYONS RD., SUITE D8**  
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  TD  Delete  
 NAME **KROHN, BARRY**  
 STREET ADDRESS **1049 NW 3RD STREET**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  PD  Delete  
 NAME **GUZMAN, EMILIO F**  
 STREET ADDRESS **4613 SW 74TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  M  Delete  
 NAME **MCMULLEN, JAMES S**  
 STREET ADDRESS **1650 SOUTH DIXIE HIGHWAY 5TH FLOOR**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME **Ferreira, Donald M.**  
 STREET ADDRESS **1650 S. Dixie Hwy., Ste. 500**  
 CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE  VPD  Delete  
 NAME **CALLEJA, OSCAR**  
 STREET ADDRESS **5501 NW 82ND X AVE.**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-00**

Date

Daytime Phone #