

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90007 022 ***150.00

DOCUMENT # F57851

1. Entity Name
FLORIDA STATE AIR CONDITIONING & REFRIGERATION C

R

Principal Place of Business
 13825 SW 142 AVE
 MIAMI FL 33186
 US

Mailing Address
 13825 SW 142 AVE
 MIAMI FL 33186
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2153811**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIRINOS, ANDRES
13825 SW 142ND AVE
MIAMI FL 33186

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Andres Chirinos*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **CHIRINOS, ANDRES**
 STREET ADDRESS **10674 S.W. 112TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **CHIRINOS, GREGORIO**
 STREET ADDRESS **10674 S.W. 112TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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 officers empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 2386362
 Daytime Phone #

CF 11-2-00

Attachment
F57851

A0070079



**Florida State
Air Conditioning & Refrigeration Co.**

13825 S.W. 142 Ave., Miami, FL 33186 • (305) 238-6362 Fax: (305) 238-6273

JULY, 20 2000

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL. 32302-1500

I AM SORRY FOR NOT SENDING THE PAYMENT ON TIME, BUT I HAVE NOT RECEIVE
THE FIRST LETTER. THAT IT IS REASON I DID NOT SENDED IT ON TIME.

SINCERELY

A handwritten signature in black ink, appearing to read 'Andres Chirinos', written over a horizontal line.

ANDRES CHIRINOS