

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90080 037 \*\*\*150.00

**DOCUMENT # H97652**

1. Entity Name  
**TROPICAL AIR CONDITIONING & HEATING, INC.**

Principal Place of Business C/O JOSEPH T. MONASTERO, JR 11999 BANYAN ST. 6119 MULLINS ST. PALM BCH GARDENS FL 33410 US	Mailing Address C/O JOSEPH T. MONASTERO, JR 11999 BANYAN ST. P.O. Box 30235 PALM BCH GARDENS FL 33410-2105 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State <i>As Noted Above</i>	City & State <i>As Noted Above</i>
Zip <i>Palm Beach</i>	Country <i>Palm Beach</i>

4. FEI Number <b>59-2640912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MONASTERO, JOSEPH T., JR.**  
~~11999 BANYAN ST. P.O. Box 30235~~  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
 Name: *Joseph T. Monastero, Jr*  
 Street Address (P.O. Box Number is Not Acceptable): *6119 MULLINS ST.*  
*Jupiter, FL 33458*  
 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: *J. Monastero Jr.* (NOTE: Registered Agent signature required when reinstating) DATE: *4/4/2000*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY-1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD MONASTERO, JOSEPH T. JR. 6119 MULLIN ST PALM BCH GARDENS FL 33410 <i>Jupiter, FL 33458</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J. Monastero Jr.* **PRESIDENT** DATE: *4/4/2000* DAYTIME PHONE #: *561-622-3063*

CR2E034 (9/99)