## \* 2001 UNIFORM BUSINESS REPORT (UBR) Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P00000091215 1. Entity Name BOSCH BROTHERS AIR CONDITIONING AND APPLIANCES. 04-02-2001 90365 001 \*\*\*150.00 CORPORATION 04-02-2001 90365 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address SACI CW AATH ST -0401 G.W. 44TH ST: 67169 MIAMI FL 33155 -MIAMI-FL 93155-2. Principal Place of Business 3. Mailing Address 8555 S.W. 124 ST. RADIO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For FLORIDA 65-1043221 NAPLES MIAMI Not Applicable Country V.S.A. \$8.75 Additional 5. Certificate of Status Desired 33156 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOSCH, HERBERT F Street Address (P.O. Box Number is Not Acceptable) -6461 S.W. 44TH ST. MIAMI FL 33155 City MIAMI Zip Code 33/54 8. The above named entity submits this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOT Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSD** CR2E034 (10/00) Addition ☐ Delete TITLE ☐ Change TITLE BOSCH, HERBERT F NAME NAME 0461 S.W: 44TH ST. STREET ADDRESS 6380 RADIO RD. \$56 STREET ADDRESS CITY-ST-ZIP MIAMI-FL" 33165-CITY-ST-ZIP NAPLES, PL . 34104 VDT TITLE ☐ Delete TITLE Change Addition BOSCH, EDWARD R NAME NAME STREET ADDRESS 6380 RADIO RD. #56 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP