FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jul 07, 2000 8:00 am Secretary of State DOCUMENT # **P97000101193** ALL STAR AIR CONDITIONING OF BROWARD, INC. 07-07-2000 90459 017 ***550.00 Principal Place of Business Mailing Address 3650-HACIENDA-BLVD, GUITE-E HACIENDA BLVD. SUITE E FT. LAUDERDALE FL 33314 : LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 300 JU Applied For 4. FEI Number 65-0802807 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name MORNEAU, ROLAND G Street Address (P.O. Box Number is Not Acceptable) 1320 S.W. 115TH AVENUE FT. LAUDERDALE FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition **PVTS** ☐ Delete TITLE MORNEAU, ROLAND G NAME STREET ADDRESS STREET ADDRESS 1320 SW 115TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33324 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 all other like empowered.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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☐ Change

☐ Addition

☐ Addition

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