

3/21

FILED
May 01, 2002 8:00 am
Secretary of State

03-29-2002 91412 026 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071992

1. Entity Name

~~CASANUEVA PAVING & RENTALS CORP.~~

AC Equipment Rental Inc. N/C AM ✓

Principal Place of Business
 6817 WEST 36TH AVE
 #101
 HIALEAH GARDENS FL 33018

Mailing Address
 6817 WEST 36TH AVE
 #101
 HIALEAH GARDENS FL 33018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0947229

Applied For

Not Applicable

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

JR. CASANUEVA, ANGEL
 6817 WEST 36TH AVE
 #101
 HIALEAH GARDENS FL 33018

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

Signature typed or printed name of registered agent and use 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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	CASANUEVA, SR., ANGEL	6817 WEST 36TH AVE. #101	HIALEAH GARDENS FL 33018	☒
DV	CASANUEVA, JR., ANGEL	6817 WEST 36TH AVE. #101	HIALEAH GARDENS FL 33018	☒
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	ANGEL CASANUEVA, JR.	6817 WEST 36TH AVE #101	HIALEAH GARDENS FL 33018	☒	☒
	CELIA CASANUEVA	6817 WEST 36TH AVE #101	HIALEAH GARDENS FL 33018	☒	☒
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-18-02

Daytime Phone #

CR2E034 (9/01)