

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90015 039 ***150.00

DOCUMENT # 541182

1. Entity Name

AIRREO AIR CONDITIONING, INC.

Principal Place of Business

2181 S.W. 58 TERRACE
HOLLYWOOD FL 33023

Mailing Address

2181 S.W. 58 TERRACE
HOLLYWOOD FL 33023

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1752922

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

**PLACA, JOHN
11614 SW 53RD PLACE
COOPER CITY FL 33330**

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 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 \$150.00
After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	PLACA, CARMEN I	16042 FAIRWAY CIRCLE	FT LAUDERDALE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VS	PLACA, JOHN	11614 SW 53RD PLACE	COOPER CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	COON, DONNA S	309 MADISON ST	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	COON, THOMAS J	309 MADISON ST	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

John Placa

JOHN PLACA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01

Date

954-989-1234

Daytime Phone #

CR2E034 (10/00)