2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 429649

1. Entity Name

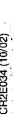
OSCAR AIR CONDITIONING INC



Mailing Address Principal Place of Business 6540 NW 84 AVENUE P O BOX 2405 OCALA FL 34478 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-1468662 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARRERAS, RAUL JR Street Address (P.O. Box Number is Not Acceptable) 101 S W THIRD STREET OCALA FL 34474 City 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. I am familiar with, and accept the obligations of registered agent. IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete TITLE TITLE VAZQUEZ, OSCAR 6540 N.W. 84 Avenue Miami FL 33166 VAZQUEZ, OSCAR NAME NAME 6540 N.W. 84 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIE Addition TITLE Delete TITLE Change NAME VAZQUEZ. DAISY NAME STREET ADDRESS 6540 N.W. 84 AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME -PORTALES, FELIBERTO NAME* STREET ADDRESS 6540 N.W. 84TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition PUIG. ARNALDO NAME NAME 6540 N.W. 84TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-7IP Change - Addition ☐ Delete TITLE TITLE NAME NAMÊ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIPAddition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90170 039 ***150.00



12. 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 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 supplied with that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNAL PEFICER OR DIRECTO

March 17, 2003

Daytime Phone #