

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90164 049 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 373336 (7)

1. Entity Name **Aire-Flo Filters, Inc.**
141 W. 24th St.
Hialeah, FL 33010-2215
(305) 887-8138
FAX (305) 887-8138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7500 Biltmore Blvd
Suite, Apt. #, etc.

3. Mailing Address 7500 Biltmore Blvd
Suite, Apt. #, etc.

City & State Miramar, FL City & State Miramar, FL
Zip 33023 Country Broward Zip 33023 Country Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1306884 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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 _____ (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) ☒ **January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
President	M. Eleanor Sieble	7500 Biltmore Blvd	Miramar FL 33023
Vice Pres.	Caballero Ronaldo	6601 Evergreen Dr	Miramar FL 33023
Secretary	M. Eleanor Sieble	7500 Biltmore Blvd	Miramar FL 33023

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: M. Eleanor Sieble Pres 4/5/02 954-961-6355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)