

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2000 08:00 AM
Secretary of State****DOCUMENT # 485644****1. Entity Name**
ALAN AIR CONDITIONING, INC.**Principal Place of Business**

14074 S W 142ND AVE

MIAMI, FLORIDA
33186**Mailing Address**

14074 S W 142ND AVE

MIAMI, FLORIDA
33186**2. Principal Place of Business**

14074 S W 142ND AVE

3. Mailing Address

14074 S W 142ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL**City & State**
MIAMI, FL**4. FEI Number**
59-1618584**Applied For**
Not Applicable**Zip**
33186**Country**
US**Zip**
33186**Country**
US**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**DEEMS, ALAN
12225 SW 109 CT.MIAMI, FLA., FLORIDA
33176**7. Name and Address of New Registered Agent****Name**
DEEMS, ALAN**Street Address (P.O. Box Number is Not Acceptable)**
12225 SW 109 CT.**City**
MIAMI, FLA., FLORIDA **FL** **Zip Code**
33176**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)

01/11/2000

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, 2000 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****TITLE**
D ☐ Delete
NAME
DEEMS, KAROL
STREET ADDRESS
12225 SW 109 CT.
CITY-ST-ZIP
MIAMI FL**TITLE**
PD ☐ Delete
NAME
DEEMS, ALAN
STREET ADDRESS
12225 SW 109 CT.
CITY-ST-ZIP
MIAMI FL**TITLE**
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE**
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE**
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE**
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE**
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE**
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE**
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE**
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE**
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP**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:** Alan O. Deems

Pres. 01/11/2000