## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: 6

Juanita K. Banwel

## Apr 22, 2000 8:00 am Secretary of State DOCUMENT # 501665 1. Entity Name HIALEAH RADIATOR & AIR CONDITIONING SERVICE, INC 04-22-2000 90002 040 \*\*\*150.00 Principal Place of Business Mailing Address SERVICE. INC. SERVICE, INC. 840 EAST 49TH STREET 840 EAST 49TH STREET HIALEAH FL 33013 HIALEAH FL 33013-2053 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1678765 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 BARNWELL, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 5731 SW 130TH AVE FT LAUDERDALE FL 33330 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME BARNWELL, WILLIAM L. STREET ADDRESS STREET ADDRESS 5731 SW 130TH AVE CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Change ☐ Addition TITLE STD ☐ Delete TITLE NAME BARNWELL, JUANITA K NAME STREET ADDRESS STREET ADDRESS 5731 SW 130TH AVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED