2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am 509079 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90065 016 ***158.75 R.E.A. AIR CONDITIONING, INC. Principal Place of Business Mailing Address 7351 NW 7TH STREET. SUITE R 7351 NW 7TH STREET. SUITE R MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1680183 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARNETTE, RICHARD E. Street Address (P.O. Box Number is Not Acceptable) 8860 S.W. 82ND ST. **MIAMI FL 33173** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ARNETTE, RICHARD J NAME NAME STREET ADDRESS STREET ADDRESS 430 N.E. 121ST STREET BISCAYNE PARK FL CITY-ST-ZIP CITY-ST-ZIP T1 Change ☐ Addition ☐ Delete TITLE TITLE SD NAME NAME ARNETTE, PATRICIA SD STREET ADDRESS STREET ADDRESS 8860 SW 82ND ST MIAMI, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ARNETTE, RICHARD E NAME NAME STREET ADDRESS STREET ADDRESS 8860 SW 82ND ST CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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

CR2E034 (9/01)