

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 622658

1. Entity Name

INSTA-SERVICE AIR CONDITIONING, CORP.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90011 025 ***150.00

Principal Place of Business

Mailing Address

7351 NW 7 STREET
SUITE G
MIAMI FL 33126

7351 NW 7 STREET
SUITE G
MIAMI FL 33126-2926

C0014477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

480 W 83 St

480 W 83 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HALEAH, FLORIDA

HALEAH
FLORIDA

4. FEI Number

59-1930862

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASULTO, RENE S.
14810 MAHOGANY CT
MIAMI LKS FL 33014

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

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 PD ☐ Delete
NAME BASULTO, RENE S.
STREET ADDRESS 14810 MAGOHANY CT.
CITY-ST-ZIP MIAMI LAKES FL

TITLE ST ☐ Delete
NAME BASULTO, JUAN CARLOS
STREET ADDRESS 14811 PALMETTO PALM AVE
CITY-ST-ZIP MIAMI LAKES 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
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CITY-ST-ZIP

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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:

RENE BASULTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

305-898-6488

Daytime Phone #