

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State
 07-13-2001 90006 032 ***150.00

DOCUMENT # 622658

1. Entity Name
INSTA-SERVICE AIR CONDITIONING, CORP.

Principal Place of Business

**480 W 83 ST
 HIALEAH FL 33014**

Mailing Address

**480 W 83 ST
 SUITE G
 HIALEAH FL 33014**

2. Principal Place of Business

3. Mailing Address

480 W 83RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HIALEAH FL

4. FEI Number **59-1930862**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33014

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BASULTO, RENE S.	
STREET ADDRESS	14810 MAGOHANY CT.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BASULTO, JUAN CARLOS	
STREET ADDRESS	14811 PALMETTO PALM AVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-01

Date

305-698-6488

Daytime Phone #

CR2E034 (5/01)



July 10, 2001

Doc # 672658
C6073369

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

I am writing this letter to inform you, that we did not received 2001 report. Please note we have never been late and did not have the intentions to pay late; but as stated before we did not receive your form. We hereby respectfully request you consider this unfortunate situation and waive your penalties. Enclosed find a check amounting \$150.00, for the 2001 annual report.

I thank you in advance for your support in this matter, if there should any further questions or additional information needed please feel free to contact me at (305) 698-6488.

Sincerely,

Rene-Basulto, Pres.