

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 649201**

1. Entity Name

INTERNATIONAL MECHANICAL, INC.**FILED**
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90075 001 ***300.00

Principal Place of Business

**12981 NW 113TH COURT
MIAMI FL 33178**

Mailing Address

**12981 NW 113TH COURT
MIAMI FL 33178-3116**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

**NASH, WILLIAM R
7440 TWIN SABAL DRIVE
MIAMI LAKES 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 State10. 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	T	<input type="checkbox"/> Delete
NAME	NASH, RUSSELL P.	
STREET ADDRESS	20341 NW 2 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL P. NASH	
STREET ADDRESS	13396 S.W. 41st STREET	
CITY-ST-ZIP	DAVIE, FL. 33330	

TITLE	S	<input type="checkbox"/> Delete
NAME	NASH, WILLIAM R, JR	
STREET ADDRESS	6530 SW 9TH ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM R. NASH JR.	
STREET ADDRESS	701 S.W. 173rd LANE	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	

TITLE	VP	<input type="checkbox"/> Delete
NAME	NASH, BENJAMIN	
STREET ADDRESS	10505 BERMUDA DR.	
CITY-ST-ZIP	COOPER CITY, FL 00000	

TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN P. NASH	
STREET ADDRESS	16283 SEGOVIA CIRCLE SOUTH	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33331	

TITLE	P	<input type="checkbox"/> Delete
NAME	NASH, WILLIAM R	
STREET ADDRESS	7440 TWIN SABLA DR	
CITY-ST-ZIP	MIAMI LAKES, FL 00000	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #