

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90064 031 \*\*\*150.00

**DOCUMENT # 664914**

1. Entity Name  
**LOCAL AIR CONDITIONING INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>570 WEST 18 STREET<br/>         HIALEAH FL 33010<br/>         US</b> | Mailing Address<br><b>570 WEST 18 STREET<br/>         HIALEAH FL 33010<br/>         US</b> |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 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 <b>59-2012013</b> | Applied For<br><input type="checkbox"/> 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**

**HERRERA, HERMINIA  
 7700 SW 68 TR  
 MIAMI FL 33143**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| 11. OFFICERS AND DIRECTORS |                   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |      |
|----------------------------|-------------------|---|------|
| TITLE                      | NAME              | TITLE   | NAME |
| PD                         | HERRERA, HERMINIA |   |      |
| 7700 SW 68 TR              | MIAMI FL          |   |      |
| V                          | REMEDIOS, JOHN M  |   |      |
| 3288 W. 76 PL.             | HIALEAH FL        |   |      |
|                            |                   |   |      |
|                            |                   |   |      |
|                            |                   |   |      |
|                            |                   |   |      |
|                            |                   |   |      |
|                            |                   |   |      |

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: \_\_\_\_\_ DATE: **1/26/01** DAYTIME PHONE #: **305 8214320**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)