

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90035 005 \*\*\*150.00

**DOCUMENT # 680777**

1. Entity Name

**ALBERT'S AIR-CONDITIONING CORP.**

Principal Place of Business

~~37 S. ROYAL POINCIANA BLVD.  
 MIAMI SPRINGS FL 33166  
 US~~

Mailing Address

37 S. ROYAL POINCIANA BLVD.  
 MIAMI SPRINGS FL 33166-6058  
 US

2. Principal Place of Business

**6850 N.W. 75 St.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**ALBERTO PEREZ  
 37 S. ROYAL POINCIANA BLVD  
 MIAMI SPRINGS FL 33166**

4. FEI Number

**59-2018046**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

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

*Alberto Perez*

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	<input type="checkbox"/> Delete
NAME	PEREZ, ALBERTO	
STREET ADDRESS	37 S. ROYAL POINCIANA BLVD	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PEREZ, IRENE	
STREET ADDRESS	37 S. ROYAL POINCIANA BLVD	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

*Alberto Perez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/22/2000 (305) 883-8300**

CR2E034 (9/99)