## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

691709 **DOCUMENT #** 

1. Entity Name

AIR CONDITING & REFRIGERATION CONTROL INDUSTRIES , INC.



					WE I							
Principal Plac % 11630 NW	e of Business 31ST ST.		g Address 630 NW 31ST ST.				•					
SUNRISE FL	33323	SUNF	NSE FL 33323									
2. Principal Place of Business 3. Ma			ailing Address			,	F <b>abilo   1</b> 564   1807   111		011 UEU II <b>9</b> 16		1811 B1811 1881	
Suite, Apt. #, etc.			uite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEIN	lumber 59-21	31441			plied For t Applicable	
Žip	Country	Zip		Country	1	5. Certi	icate of Status D	esired		8.75 Add ee Require		
	6. Name and Address of	Current Registere	d Agent			7. Name	and Address o	of New Reg	stered Ag	ent		
	محاضيات بالمادين			انتأجسية	Name ===	ئىسىدەنىنى <u>ت</u>						
URBANEK, DEBRA A. 11630 N.E. 31ST STREET			Street Address (P.			ess (P.O. Box N	umber is Not Ac	ceptable)				
SUNRISE	FL 33323											
				-	City		·		FL	Zip Cod	9	
	named entity submits this stat	ement for the purp	ose of changing its	registered	office or reg	istered agent,	or both, in the Sta	ate of Florida	a. I am fai	miliar with,	and accept	
											}	
	Signature, typed or printed name of regist	tered agent and title if app	licable. (NOTE	E: Registered Ag	gent signature re	quired when reinstati	ng)		DATE		<del></del>	
the obligat Sැ⊛NATURE .	Signature, typed or printed name of regist		licable. (NOTE	E: Registered Ag	gent signature re							
the obligat	Signature, typed or printed name of registive NOW!!! FEE IS \$150 or May 1, 2003 Fee will be \$100 or May 1, 2003 Fee will be \$1	).00 550.00	licable. (NOTE	E: Registered Ag	gent signature re		ng)  3. Election Camp  Trust Fund Co	-			<b>0</b> May Be to Fees	
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12. I hereby certify that the information supplied with this filling 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 annowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 28, 2003 8:00 am Secretary of State

**FILED** 

04-28-2003 90138 006 \*\*\*150.00