

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F22792

1. Entity Name
BEST SERVICE AIR CONDITIONING CO., INC.

Principal Place of Business

12064 S.W. 117 CT.
MIAMI FL 33186

Mailing Address

12064 S.W. 117 CT.
MIAMI FL 33186

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

59-2078664

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

ARONOWITZ, JUDD A.
1111 LINCOLN ROAD
SUITE 802
MIAMI BEACH FL 33139

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SENEFF, RANDALL
10375 SW 112TH ST
MIAMI, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SENEFF, EVELYN
10375 SW 112TH ST
MIAMI, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

RANDALL SENEFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-02

305-255-9840

Date

Daytime Phone #

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90227 036 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment

TO WHOM IT MAY CONCERN.

F22792
119115

I'M WRITING THIS TO NOTIFY YOU THIS
IS THE FIRST REQUEST FOR VOR I HAVE
RECEIVED THIS YEAR. WE HAVE A PROBLEM
SOMETIMES RECEIVING OUR MAIL IN THE COMPLEX
IN LEASE, BEING MIXED UP WITH OTHER PEOPLE'S
MAIL. I HAVE FILED ALL OTHER REQUEST ON
TIME & PLAN TO CONTINUE TO IN THE FUTURE

THANK YOU VERY MUCH.

Russell I. Souff SA

President

BEST SERVICE A/C CO. INC