

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F76198

1. Entity Name

ROYCE AIR CONDITIONING, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90242 041 ***150.00

Principal Place of Business

Mailing Address

9695 NW 79TH AVENUE
HIALEAH GARDENS FL 33016

9695 NW 79TH AVENUE
HIALEAH GARDENS FL 33016-2508

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

59-2187864

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

LOPEZ, ARMANDO J
7090 W. 3RD AVE
HIALEAH FL 33014

Name

Armando Lopez

Street Address (P.O. Box Number is Not Acceptable)

7090 W 3rd Ave

Hialeah, FL

City

FL

Zip Code

33014

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 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 PD ☐ Delete

NAME LOPEZ, ARMANDO J

STREET ADDRESS 7090 W. 3RD AVE

CITY-ST-ZIP HIALEAH FL

TITLE SD ☒ Delete

NAME LOPEZ, NORMA

STREET ADDRESS 7090 W. 3RD AVE

CITY-ST-ZIP HIALEAH FL

TITLE TD ☐ Delete

NAME LOPEZ, ROYCE

STREET ADDRESS 16401 TURGOISE TRAIL

CITY-ST-ZIP WESTON FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 #

4/20/2000

305-558-0691

CR2E034 (9/99)