

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90051 030 ***150.00

DOCUMENT # F76198

1. Entity Name
ROYCE AIR CONDITIONING, INC.

| | |
|---|---|
| Principal Place of Business 9695 NW 79TH AVENUE HIALEAH GARDENS FL 33016 | Mailing Address 9695 NW 79TH AVENUE HIALEAH GARDENS FL 33016 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------|
| 2. Principal Place of Business 9695 NW 79 AVE | 3. Mailing Address |
|---|--------------------|

| | |
|----------------------------------|---------------------|
| Suite, Apt. #, etc. 44 | Suite, Apt. #, etc. |
|----------------------------------|---------------------|

| | |
|--|--------------|
| City & State Hialeah Gardens | City & State |
|--|--------------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-2187864 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | | |
|---------------------|------------------------|-----|---------|--|
| Zip 33016 | Country DADE | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$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
 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 _____ 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. (See criteria on back)

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 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOPEZ, ARMANDO J 7090 W. 3RD AVE HIALEAH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LOPEZ, ROYCE 16401 TURGOISE TRAIL WESTON, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Armando Lopez** **4/13/01** **305-558-0691**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)