

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90067 030 ***150.00

DOCUMENT # F76198

1. Entity Name
ROYCE AIR CONDITIONING, INC.



Principal Place of Business
**9695 NW 79TH AVENUE
44
HIALEAH GARDENS FL 33016**

Mailing Address
**9695 NW 79TH AVENUE
HIALEAH GARDENS FL 33016**

11000001



2. Principal Place of Business
4594 No. HIATUS Rd.

3. Mailing Address
4594 No. HIATUS Rd.

☐ CHECK HERE IF MAKING CHANGES

City & State
SUNRISE, FLORIDA

City & State
SUNRISE, FLORIDA

4. FEI Number **59-2187864**

Applied For
Not Applicable

Zip
33357

Country
8

Zip
33357

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Royce Lopez**
Street Address (P.O. Box Number is Not Acceptable)
4594 No. HIATUS Rd.
City **SUNRISE** FL Zip Code **33357**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, ARMANDO J	
STREET ADDRESS	7090 W. 3RD AVE	
CITY - ST - ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOPEZ, ROYCE	
STREET ADDRESS	16401 TURGOISE TRAIL	
CITY - ST - ZIP	WESTON 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4594 No. HIATUS Rd.	
CITY - ST - ZIP	SUNRISE, FL 33357	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rita Lopez	
STREET ADDRESS	4594 No. HIATUS Rd.	
CITY - ST - ZIP	SUNRISE, FL 33357	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03

Date

Daytime Phone #

CR2E034 (10/02)