## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## G08724 DOCUMENT #

Country

1. Entity Name

Zip

BARRY, DANIEL E

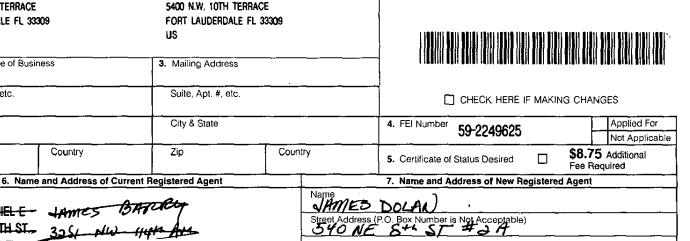
ALOHA AIR CONDITIONING, INC.



#236 Principal Place of Business Mailing Address 5400 N.W. 10TH TERRACE 5400 N.W. 10TH TERRACE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED								
Apr 16, 2003 8:00 am								
Secretary of State								

04-16-2003 90245 021 \*\*\*150.00



5940 SW.	13TH ST 30 S/ NW 114th At	540	NE 8th S	T #3A				
and Springs Fr			City FT LAUDERDAE FL Zip Code egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
	tions of registered agent.  Signature, typed or printed name of registered agent and title if appl			re 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				Т	Election Campaign Financin rust Fund Contribution.		Added	) May Be to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS	S/CHANGES TO OFFICERS	S AND DIRE	ECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRY, JAMES E. 3251 N.W. 114TH AVENUE CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· 🖂 (	Change 	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARRY, EDNA 5940 SW 13TH STREET PLANTATION FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition

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

**SIGNATURE:** 

CR2E034 (10/02)