

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90117 010 ***158.75

DOCUMENT #

1. Entity Name

G97296

AIREQUIP INDUSTRIAL, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1117 Okeechobee Rd

Suite, Apt. #, etc.

4215

3. Mailing Address

19409 NW 24th Place

Suite, Apt. #, etc.

City & State

Hialeah Gardens fl.

City & State

Pembroke Pines Fl

4. FEI Number

59-2412630

Applied For

Not Applicable

Zip

33016

Country

Dade

Zip

33029

Country

Broward

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

7. Name and Address of Current Registered Agent

Name

GUILLERMO D. CORTES

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

13234 NW 15TH COURT

City PEMBROKE PINES

FL

Zip Code

33028

**DO NOT WRITE
IN THIS SPACE**

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)

4/3/02
DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
GOENAGA, BEATRIZ
241 NW 217 WAY
PEMBROKE PINES FL. 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GOENAGA JR, ARNALDO
241 NW 217 WAY
PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
MILIAN, SAUL J
19409 NW 24th PLACE
PEMBROKE PINES FL. 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MILIAN, MABEL
19409 NW 24TH PLACE
PEMBROKE PINES FL. 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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 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 #

4-3-02 (954) 704 0850

CR2E034B (12/01)