2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H49546

1. Entity Name

B and H Air Conditioning, Inc.

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FILED

02 OCT 10 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1790 N. Commerce Pkwy Suite, Apt. #, etc.	(same) Suite, Apt. #, etc.	
City & State Weston, Fl	City & State	4. FEI Number 59-2549205 ☐ Applied For ☐ Not Applicable
Zip 33326	Country USA	Zip / Country

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

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7. Name and Address of Current Registered Agent

Name: Marvin Soker

Street Address (P.O. Box Number is Not Acceptable): 4287 Nob Hill Blvd #103

City: Sunrise FL Zip Code: 33351

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: 10/8/02

Signature, type or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when name changed.

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	Chairman
NAME	Rubiel Baigrodt
STREET ADDRESS	501 S.E. 10th St.
CITY-ST-ZIP	Pompano Bch, Fl 33060
TITLE	President
NAME	Marvin Baker
STREET ADDRESS	4287 Nob Hill Blvd
CITY-ST-ZIP	Sunrise, Fl 33351
TITLE	V. President/Secty
NAME	Deborah Lundbreek
STREET ADDRESS	441 S.E. 7th Ave
CITY-ST-ZIP	Pompano Bch, Fl 33060
TITLE	
NAME	
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CR2E034B (12/01)

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: _____ 10/8/02 954-498-4409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #