

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K56154

1. Entity Name  
ALADDIN HEAT PUMPS, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90317 025 \*\*\*150.00

Principal Place of Business  
% JOSEPH J. LANG  
3801 N.E. 15TH AVENUE  
FORT LAUDERDALE FL 33334

Mailing Address  
% JOSEPH J. LANG  
3801 N.E. 15TH AVENUE  
FORT LAUDERDALE FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3801 N.E. 15 ave  
Suite, Apt. #, etc.

3. Mailing Address  
3801 N.E. 15 ave  
Suite, Apt. #, etc.

City & State  
Fort Lauderdale Fl.

City & State  
ft laud. Fl.

Zip  
33334

Country  
DAWARD

Zip  
33334

Country  
Broward.

4. FEI Number 65-0182753

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LANG, JOSEPH J.  
3801 N.E. 15TH AVENUE  
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JOSEPH J.		NAME		
STREET ADDRESS	3801 N.E. 15TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, DARICE M		NAME		
STREET ADDRESS	3801 NE 15TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Joseph J. Lang JOSEPH J. LANG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4-20-01 Daytime Phone #: 954-5618063

CR2E034 (10/00)