

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K84420**1. Entity Name
STAR AIR CONDITIONING, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90056 005 ***150.00

Principal Place of Business

**2212 S.W. 106TH COURT
MIAMI FL 33165**

Mailing Address

**2212 S.W. 106TH COURT
MIAMI FL 33165**

2. Principal Place of Business

8105 NW PARK BLVD

3. Mailing Address

8105 NW PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLCity & State
MIAMI, FL4. FEI Number **65-0116872**Applied For
Not ApplicableZip
33126Country
MIAMI-DADEZip
33126Country
MIAMI-DADE5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOSCH, EMILIO
2212 S.W. 106TH COURT
MIAMI FL 33165**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 State10. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BOSCH, EMILIO**
STREET ADDRESS **2212 SW 106TH COURT**
CITY-ST-ZIP **MIAMI FL 33165**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

305-262-4414

Daytime Phone #

CR2E034 (10/00)