

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 18, 2001 8:00 am
Secretary of State

03-15-2001 90027 037 ***150.00

DOCUMENT # L43347

1. Entity Name

AIR & ELECTRIC DEPOT, INC.

Principal Place of Business

Mailing Address

~~JOSEPH H. KINGSLAND~~ *Deceased*
 9130 NW S. RIVER DR. *Minyam Martinez*
 MEDLEY FL 33166

~~JOSEPH H. KINGSLAND~~ *Deceased*
 9130 NW S. RIVER DR. *Minyam Martinez*
 MEDLEY FL 33166

44671



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0169662**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

~~KINGSLAND, JOSEPH H.~~ *Deceased*
 9130 NW S. RIVER DR. *Minyam Martinez*
 MEDLEY FL 33166

Name *Jose CALVO Minyam Martinez*
 Street Address (P.O. Box Number is Not Acceptable)
9130 NW S. River Dr.
 City *Medley* FL Zip Code *33166*

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

Minyam Martinez

Jan 18, 2001

Signature, typed or printed name of registered agent and role 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 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	P	☒ Delete
NAME	CALVO, JOSE	
STREET ADDRESS	7622 SW 96 CT	
CITY-ST-ZIP	MIAMI FL 33123	
TITLE	D	☒ Delete
NAME	CALVO, JOSE	
STREET ADDRESS	9130 N.W. SOUTH RIVER DR	
CITY-ST-ZIP	MEDLEY FL	
TITLE	DV	☒ Delete
NAME	CALVO, JOSE	
STREET ADDRESS	9130 NW S RIVE DR	
CITY-ST-ZIP	MEDLEY FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	☒ Change ☐ Addition
NAME	<i>Minyam Martinez</i>	
STREET ADDRESS	<i>9130 NW S. River Dr.</i>	
CITY-ST-ZIP	<i>Miami, FL 33166</i>	
TITLE	Vice President	☒ Change ☐ Addition
NAME	<i>JOSE CALVO</i>	
STREET ADDRESS	<i>9130 NW S. River Dr.</i>	
CITY-ST-ZIP	<i>Medley, FL 33166</i>	
TITLE	Secretary	☒ Change ☐ Addition
NAME	<i>JOANNY CALVO</i>	
STREET ADDRESS	<i>9130 NW S. River Dr.</i>	
CITY-ST-ZIP	<i>Medley FL 33166</i>	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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:

JOSE CALVO Vice Pres. *Jan 18, 2001* *305-984-8206*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)