

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97929

1. Entity Name

ADVANCED AIR CONDITIONING, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90006 047 ***158.75

Principal Place of Business

Mailing Address

14601 NW 13 RD
MIAMI FL 33167

14601 NW 13 RD
MIAMI FL 33167-1113



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

65-0216684

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

CRISCUOLO, JOHN
14601 NW 13 RD
MIAMI FL 33167

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, 2000 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 **CRISCUOLO, JOHN**
STREET ADDRESS **14601 NW 13 RD**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **P/T** ☒ Change ☐ Addition
NAME **CRISCUOLO, JOHN**
STREET ADDRESS **14601 NW 13 RD**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE **VP** ☐ Delete
NAME **CRISCUOLO, GINGER**
STREET ADDRESS **14601 NW 13 RD**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **VP/S** ☒ Change ☐ Addition
NAME **CRISCUOLO, GINGER**
STREET ADDRESS **14601 NW 13 RD**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE **T** ☒ Delete
NAME **CRISCUOLO, THOMAS**
STREET ADDRESS **14315 NW 12 AVE**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **SERRAO, MARY-LOU**
STREET ADDRESS **1671 NE 171 ST**
CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

JOHN P. CRISCUOLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000
Date

305-685-8887
Daytime Phone #

CR2E034 (9/99)