

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 JUN 18 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M32901

1. Entity Name
F SERVICE AND AIR CONDITIONING INC.



Principal Place of Business
**10585 SW 109 COURT
SUITE 201A
MIAMI FL 33176
US**

Mailing Address
**10585 SW 109 COURT
SUITE 201A
MIAMI FL 33176
US**

2. Principal Place of Business
12011 SW 114 PL
Suite, Apt. #, etc.

3. Mailing Address
12011 SW 114 PL
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33176 Country
USA

Zip
33176 Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2682710** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**RUANO, MIRTA
10585 SW 109 COURT
SUITE 201A
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name **Ruano, Mirta**

Street Address (P.O. Box Number is Not Acceptable)
12011 SW 114 PL

City **Miami** FL Zip Code **33176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mirta Ruano, Mirta Ruano DATE 6/17/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUANO, FELIX JR. 10585 SW 109 CT SUITE 201A MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RUANO, MIRTA B 10585 SW 109 CT SUITE 201A MIAMI FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Ruano, Felix Jr. 12011 SW 114 PL Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Ruano, Mirta B. 12011 SW 114 PL Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700020966037 06/18/03--01031--004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mirta B. Ruano DATE 6/17/03 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 274-9110

CR2E034 (10/02)