

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90197 027 \*\*\*150.00

00050320 AV

**DOCUMENT # M50020**

1. Entity Name  
**HAL KING AIR CONDITIONING, CO.**



Principal Place of Business  
**C/O HALBERT W. KING  
10445 SW 7TH TERR  
MIAMI FL 33174**

Mailing Address  
**C/O HALBERT W. KING  
10445 SW 7TH TERR  
MIAMI FL 33174**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2796737**

Applied For  
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, SEAN H  
10445 SW 7TH TERRACE  
MIAMI FL 33174**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DPS**  
STREET ADDRESS **KING, SEAN H.**  
CITY-ST-ZIP **10445 S.W. 7TH TERRACE**  
**MIAMI FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-03**

**305/266-**

Date

Daytime Phone

CR2E034 (10/02)

## Current Employment Statistics Report Form

ATTACHMENT

U.S. Department of Labor

Report Number:

120067114

Industry Code:

811412

FOR QUESTIONS/HELP: 800-827-2005

DATA REPORTING NUMBER: 800-877-7715

A. This report is for location:

MIAMI-DADE

FL

If this is incorrect, please contact us.

B. Nonsupervisory employees are paid: ☐ each week ☐ every 2 weeks ☐ twice a month ☐ once a monthC. Nonsupervisory employees are paid commissions: ☐ each week ☐ every 2 weeks ☐ twice a month  
☐ once a month ☐ no commissions are paid

D. Please complete columns 1-7 for the single pay period checked above which includes the 12th of the month.

Reference Period CALL BY:	(1) All Employees	(2) Women Employees	(3) Nonsupervisory Employees	(4) Nonsupervisory Employees Payroll OMIT CENTS	(5) Commissions of Nonsupervisory Employees OMIT CENTS	(6) Nonsupervisory Employees Hours ROUND TO THE NEAREST HOUR	(7) Comment Code (see Part E)
12=DEC 2002	2	0	0	\$	\$		
01=JAN				\$	\$		
01/24/03				\$	\$		
02=FEB				\$	\$		
02/21/03				\$	\$		
03=MAR				\$	\$		
03/21/03				\$	\$		
04=APR				\$	\$		
04/18/03				\$	\$		
05=MAY				\$	\$		
05/23/03				\$	\$		
06=JUN				\$	\$		
06/20/03				\$	\$		
07=JUL				\$	\$		
07/18/03				\$	\$		
08=AUG				\$	\$		
08/22/03				\$	\$		
09=SEP				\$	\$		
09/19/03				\$	\$		
10=OCT				\$	\$		
10/24/03				\$	\$		
11=NOV				\$	\$		
11/21/03				\$	\$		
12=DEC				\$	\$		
12/25/03				\$	\$		

E. Comment Codes: Select one of the following codes to explain large changes in your data. Please enter the number in Column 7. (Note: A change of 25% or more in any data element should be considered "large".)

Employment Shifts		Pay Shifts	
01	Seasonal increase	20	Wage rate decrease
02	Seasonal decrease	21	Wage rate increase
03	More business (expansion)	22	Increase in percentage of lower-paid employees
04	Less business (contraction)	23	Increase in percentage of higher-paid employees
05	Short-term/specific business project starting	25	Higher hourly earnings for piecework or incentive pay
06	Short-term/specific business project completed	26	Less overtime
07	Layoff	27	More overtime
08	Strike	40	Shorter scheduled workweek
09	Temporary shutdown	41	Longer scheduled workweek
12	Internal reorganization resulting in an employment decrease	45	Majority of workers on paid vacation
13	Internal reorganization resulting in an employment increase	46	Majority of workers on unpaid vacation
19	Employment returns to normal	External Factors	
83	Leasing arrangement	50	Adverse weather conditions
86	Permanent shutdown	55	Return to normal following adverse weather conditions

F. Contact person, in case of questions:

Title:

Phone Number:

FAX Number:

Your Name: HALBERT W KING

305-266-3002

E-mail Address: