2001 UNIFORM BUSINESS REPORT (UBR) May 24, 2001 8:00 am DOCUMENT # P00000015574 Secretary of State CURTIS AIR CONDITIONING & REFRIGERATION INC 05-24-2001 90493 022 \*\*\*150.00 Principal Place of Business Mailing Address 1374 NW 47 PLACE SAME LAUDERHILL, FL 33319 770324 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0994 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CURTIS CHANG Street Address (P.O. Box Number is Not Acceptable) 1374 NW 47 PLACE LAUDERHILL, FL 33319 Zip Code City 8. The above named entity submits this statement for the purpose of changing its egistered 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 legistered Agent signature required when reinstating) FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 201 (Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payabi to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition ☐ Change PRESIDENT ☐ Delete TITLE TITLE CURTIS CHANG 7374 NW 47 PLACE LAUDERHILL, FL 33319 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE ARTURIE CHANG 14 NW 47 PLACE NAME STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP CiTY-ST-ZIE DIRECTOR ANN-MARIE CHANG 1314 NW 47 PLACE Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS § TREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP CiTY-ST-ZIE Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change moitibbA 🔲 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 no 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: