

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90263 045 ***158.75

DOCUMENT # **P00000045538**
 1. Entity Name
AMERICA AIR CONDITIONING PLUS, CORP

Principal Place of Business Mailing Address
8969 NW 152 LANE (SAME)
MIAMI LAKES, FL 33016

C0067857

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
MAGALY MENDEZ
8969 NW 152 LANE
MIAMI LAKES, FL 33016
 7. Name and Address of New Registered Agent
 Name **N/A**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

is corporation is eligible to satisfy its intangible filing requirement and elects to do so. (criteria on back)

FILE NOW! FEE IS \$180.00
 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS CITY-ST-ZIP P ST, D MAGALY MENDEZ 8969 NW 152 LANE MIAMI LAKES, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: **Magaly Mendez - PRES**
 SIGNATURE ANY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 **305-819-0500**
 Date Telephone #