

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

007907

**DOCUMENT # P00000046863**

1. Entity Name  
**EVER COOL REFRIGERATION AND AIR CONDITIONING SER**

04-17-2001 90130 047 \*\*\*150.00

642304



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4130 NW 96TH TERR SUNRISE FL 33351	Mailing Address 4130 NW 96TH TERR SUNRISE FL 33351
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2. Principal Place of Business 22186 SW 60TH AVE. Suite, Apt. #, etc.	3. Mailing Address 22186 SW 60TH AVE Suite, Apt. #, etc.
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City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 65-1011293	Applied For Not Applicable
Zip 33428	Country PALM BEACH	Zip 33428	Country PALM BEACH

6. Name and Address of Current Registered Agent <b>BALEAN, MIRCEA</b> 4130 NW 96TH TERR SUNRISE FL 33351	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 22186 SW 60TH AVENUE City BOCA RATON FL Zip Code 33428
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] Date: 02-17-01 Daytime Phone #: 561-482-5070

CR2E034 (10/00)