FILED

## 2002 Uniform Business Report (UBR)

## Apr 08, 2002 8:00 am Secretary of State DOCUMENT # P00000059076 1. Entity Name RVF AIR CONDITIONING & SERVICES, CORP. 04-08-2002 90062 009 \*\*\*158.75 Principal Place of Business Mailing Address 8895 SOUTH WEST 11TH STREET 8895 SOUTH WEST 11TH STREET MIAMI FL 33174 MIAM! FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-1016662 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.\_Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. VEIGA, RICARDO R Street Address (P.O. Box Number is Not Acceptable) 8895 SOUTH WEST 11TH STREET **MIAMI FL 33174** Zip Code City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change CR2E034 (9/01) PSD TITLE TITLE ☐ Delete VEIGA, RICARDO R NAME NAME 8895 SOUTH WEST 11TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33174 Delete Change ☐ Addition <del>VID</del>· TITLE TITLE NAME NAME <del>alonso, Joaquin -</del> STREET ADDRESS 8895-SOUTH WEST-11TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME FERNANDEZ, MARISELA C STREET ADDRESS STREET ADDRESS 8895 SW 11 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 ☐ Addition TITI F ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 accurate 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 of the compowered.

NAME OF SIGNING OFFICER OR DIRECTOR