

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90487 041 ***150.00

DOCUMENT # **P00000065879**

1. Entity Name
AROUND THE CLOCK AIR-CONDITIONING, INC.



Principal Place of Business

**900 WEST 49 ST.
SUITE 313
HIALEAH FL 33012**

Mailing Address

~~900 WEST 49 ST.
SUITE 313
HIALEAH FL 33012~~

2. Principal Place of Business

16361 N.W. 57 Ave

3. Mailing Address

2032 S.W. 120 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla

City & State

MIRAMAR, FLA

Zip

33014

Country

U.S.A.

Zip

33020

Country

DADE

4. FEI Number

52-2253018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MARRERO, SANDRA~~

~~900 WEST 49 ST.~~

~~SUITE 313~~

~~HIALEAH FL 33012~~

Name

Street Address (P.O. Box Number is Not Acceptable)

2032 S.W. 120 Ave

City

MIRAMAR

FL

Zip Code

33020

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-10-03

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 **P** ☒ Delete
NAME ~~MARRERO, SANDRA~~
STREET ADDRESS ~~900 WEST 49 ST. SUITE 313~~
CITY-ST-ZIP ~~HIALEAH FL 33012~~

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

TITLE **VP** ☒ Delete
NAME **MARRERO, ARMANDO JR.**
STREET ADDRESS **900 WEST 49 ST. SUITE 313**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE **Belgrabe Placencia** ☒ Delete
NAME **2032 S.W. 120 Ave**
STREET ADDRESS **MIRAMAR, FLA. 33020**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 305-556-7667

Date

Daytime Phone #

CR2E034 (10/02)