2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075657

1. Entity Name

O.D.S. AIR CONDITIONING, INC

FILED

02 APR 30 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address

7255 West 3 Ct
Hialeah, Fl 33014

2. Principal Place of Business: Same as above

Suite, Apt. #, etc

City & State

Zip | Country

3. Mailing Address: Same as above

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number: 59-3664775 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSCAR D. SUAREZ
7255 West 3 Ct
Hialeah, Fl 33014

7. Name and Address of New Registered Agent

Name

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

City | FL | Zip Code

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 _____ DATE

Signature (and printed name of registered agent and title, if applicable). (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ xxxxx

FILE NOW! FEE IS $150.00
FILE AFTER MAY 01, 2002 FEE WILL BE $350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

Title / Name / Street Address / City-St-Zip	Delete
P.D. OSCAR D SUAREZ 7255 W 3 Ct Hialeah, Fl 33014	☐
	☐
S MARTHZ-A-SUAREZ 7000 Pluto Ave Cocoa, Fl 32927	xxxx
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title / Name / Street Address / City-St-Zip	Change / Addition
400005501134--6 -05/09/02--01072--002 ****150.00 ****150.00	☐ / ☐
	☐ / ☐
S.T.D. Oscar D. Suarez 7255 West 3 Ct Hialeah, Fl 33014	☐ / xxxx
	☐ / ☐
	☐ / ☐
	☐ / ☐

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: _____ 4/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Secretary of State