

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90173 022 \*\*\*150.00

0261643 AV

**DOCUMENT # P01000060976**

**1. Entity Name**  
**KOOL ZONE AIR CONDITIONING CORP.**



**Principal Place of Business**  
**8355 SW 43RD STREET**  
**MIAMI FL 33155**

**Mailing Address**  
**8355 SW 43RD STREET**  
**MIAMI FL 33155**



**2. Principal Place of Business**  
**7340 SW 35 ST**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**7340 SW 35 ST**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

**City & State**  
**MIAMI, FL**  
**Zip**  
**33155**  
**Country**  
**USA**

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**MIAMI, FL**  
**Zip**  
**33155**  
**Country**  
**USA**

**4. FEI Number** **75-2987876**

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ANGULO, OSCAR**  
**8355 SW 43RD STREET**  
**MIAMI FL 33155**

**7. Name and Address of New Registered Agent**

**Name**  
**OSCAR ANGULO**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**7340 SW 35 ST**  
**City**  
**MIAMI** **FL** **Zip Code**  
**33155**

**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)

**7/6/03**  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>PD</b>	<b>NAME</b> <b>MONTE, GUSTAVO A</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <b>3686 SW 25TH TERRACE</b>		
<b>CITY-ST-ZIP</b> <b>MIAMI FL 33133</b>		
<b>TITLE</b> <b>VD</b>	<b>NAME</b> <b>CANALES, PEDRO</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <b>7340 SW 35TH STREET</b>		
<b>CITY-ST-ZIP</b> <b>MIAMI FL 33155</b>		
<b>TITLE</b> <b>TSD</b>	<b>NAME</b> <b>ANGULO, OSCAR</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <b>8355 SW 43RD STREET</b>		
<b>CITY-ST-ZIP</b> <b>MIAMI FL 33155</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>T/S/D</b>	<b>NAME</b> <b>OSCAR ANGULO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>7340 SW 35 ST</b>		
<b>CITY-ST-ZIP</b> <b>MIAMI, FL 33155</b>		
<b>TITLE</b> <b>D</b>	<b>NAME</b> <b>George Martinez</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>12220 SW 34 ST.</b>		
<b>CITY-ST-ZIP</b> <b>MIAMI FL 33175</b>		
<b>TITLE</b> <b>D</b>	<b>NAME</b> <b>George Molzon</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>6900 SW 113 AVE</b>		
<b>CITY-ST-ZIP</b> <b>MIAMI FL 33175</b>		
<b>TITLE</b> <b>D</b>	<b>NAME</b> <b>HARRY McCLUNG</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> <b>610 SE 22 LANE</b>		
<b>CITY-ST-ZIP</b> <b>HOMESTEAD FL 33033</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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

**2-24-2003 (30) 553 9494**  
Date Daytime Phone #

CR2E034 (10/02)