

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91533 001 ***150.00

DOCUMENT # P01000080743

1. Entity Name

NATIONAL AIR CONDITIONING & REFRIGERATION SERVICES, INC.

Principal Place of Business

Mailing Address

1313 S MILITARY TRAIL #308
 DEERFIELD BEACH FL 33442

1313 S MILITARY TRAIL #308
 DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1471 SW 30th Ave

3. Mailing Address

1313 S Military Trl

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

#308

City & State

Deerfield Bch, FL

City & State

Deerfield Beach, FL

4. FEI Number

65-1131645

Applied For

Not Applicable

Zip

33442

Country

Broward

Zip

33442

Country

Broward

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

RAPID CORPORATE SUPPLIES, INC.
 17100 NE 19TH AVENUE
 NORTH MIAMI BEACH FL 33162

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

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

(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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRABI, GUILLERMO	
STREET ADDRESS	11700 NW 36TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIRGILIO, CARL	
STREET ADDRESS	76 SANDPIPER WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRABI, MARIA I	
STREET ADDRESS	11700 NW 36TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

954-428
5948

Daytime Phone #

CR2E034 (9/01)