

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90091 010 \*\*\*150.00

DOCUMENT # P01000093924

1. Entity Name  
FLORIDA A/C DUCT CLEANING INC.

Principal Place of Business

2601 CAYENNE AVE.  
COOPER CITY FL 33026

Mailing Address

2601 CAYENNE AVE.  
COOPER CITY FL 33026

2. Principal Place of Business

2401 S.W. 31 AVE. SUITE B21

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

B21

Suite, Apt. #, etc.

#2

City & State

PEMBROKE PARK

City & State

PEMBROKE PARK

Zip

33023

Country

USA

Zip

33023

Country

USA

4. FEI Number

65-1142147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTANA, MARINA  
2601 CAYENNE AVE.  
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

Name

MARIO F. SANTANA

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

2401 S.W. 31 AVE. SUITE B21

City

PEMBROKE PINES

FL

Zip Code

33023

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 MARIO SANTANA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-02

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

TITLE	PRES.	<input type="checkbox"/> Delete
NAME	FELIX QUINONES	
STREET ADDRESS	6404 S.W. 22 ST.	
CITY-ST-ZIP	MIRAMAR FL. 33023	
TITLE	SEC. TREAS.	<input type="checkbox"/> Delete
NAME	MARIO SANTANA	
STREET ADDRESS	2601 CAYENNE AVE	
CITY-ST-ZIP	COOPER CITY, FL. 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Felix M. Quinones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-02

Daytime Phone #

(954) 986-2339

CR2E034 (9/01)