2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000101897 **DOCUMENT#**

Step Country St. Certificate of Status Desired S8.75, Additional Fee Required See Requir	1. Entity Name ALLIED INDOOR ENVIRONMENTAL, INC.					03-25-2003 90069 018 ***150.00			
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country. Zip Country. Zip Country. Zip Country. Zip Country. Zip Country. Sicrefillcate of Status Desired — \$8.75, Additional Fee Required Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O.	13301 SW 124		13301 SW 124 ST						
City & Stazie Country S. Certificate of Status Desired Status Desired Status Desired Status Address (R.O. Box Number is Not Acceptable) Street Address (R.O. Box Num	Principal Place of Business 3. Mailing Address					} 180 11951 (TI ORIBI II 041 EBINI ODIII OI		1811 1581 1581	
State City & State City & State City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF N	VIAKING CHANGES		
S. Cerriticate of Status Lesters Fee Required S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	City & State City & State				4. F	65-1149575	A-V-	oplied For ot Applicable	
BRIZUELA, ALFREDO 13301 SW 124 ST MIAMI FL 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. I am familiar with, and at the obligations of registered agent. \$IGNATURE Signature FL Syntam, typed or pirised name of registered agent and title it applicable. **IFLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 TITLE NAME SIREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 TITLE NAME SIREET ADDRESS CITY-ST-ZIP MIAMI FL 13301 SW 124 ST MIAMI FL Change C	. Zip ·	Country	Zip	Country			Fee Require		
BRIZUELA, ALFREDO 13301 SW 124 ST MIAMI FL 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 as the obligations of registered agent. 9. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE BRIZUELA, AL STREET ADDRESS CITY-ST-ZIP MAMI FL. 33186 13301 SW 124 ST MICALI, JOHN 13301 SW 124 ST MICALI, JOHN 13301 SW 124 ST MIMAMI FL. Delate MICALI, JOHN 13301 SW 124 ST MIMAMI FL. Delate MIME STREET ADDRESS CITY-ST-ZIP MIMAMI FL. Delate MICALI, JOHN 13301 SW 124 ST MIAMI FL. Delate MICALI, JOHN 13301 SW 124 ST MIAMI FL. Delate MIMAMI FL. TITLE MAME STREET ADDRESS CITY-ST-ZIP MIMAMI FL. Delate TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE T		6. Name and Address of Curre	ent Registered Agent		7. N	Name and Address of New Regi	stered Agent		
13301 SW 124 ST MIAMI FL City FL Zip Code				Name					
### 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. I am familiar with, and as the obligations of registered agent. \$IGNATURE Signature, typed or printed name of registered agent and stell Applicable. (NOTE: Registered Agent digniture required when reinstating) DATE \$IGNATURE Signature, typed or printed name of registered agent and stell Applicable. (NOTE: Registered Agent digniture required when reinstating) DATE \$IGNATURE Signature, typed or printed name of registered agent, or both, in the State of Florida. I am familiar with, and as the control of the control of registered agent, or both, in the State of Florida. I am familiar with, and as the control of the control of the control of the control of registered agent, or both, in the State of Florida. I am familiar with, and as the control of the contr					Street Address (P.O. Box Number is Not Acceptable)				
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 as the colligations of registered agent. \$IGNATURE		124 51							
TILE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL. Signalure. Typed or printed name of registered agent and tilte ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. S5.00 Marke Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete NAME STREET ADDRESS CITY-ST-ZIP MAMI FL. 33186 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP MICALI, JOHN STREET ADDRESS CITY-ST-ZIP MAMI FL. SD AMBEY, DEBBIE L 13301 SW 124 ST MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. SD AMBEY, DEBBIE L 13301 SW 124 ST MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. SD AMBEY, DEBBIE L 13301 SW 124 ST MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. SD AMBEY, DEBBIE L 13301 SW 124 ST MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change	MIAMI FL			City	<u> </u>		FL Zip Cod	e	
TILE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL. Signalure. Typed or printed name of registered agent and tilte ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. S5.00 Marke Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete NAME STREET ADDRESS CITY-ST-ZIP MAMI FL. 33186 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP MICALI, JOHN STREET ADDRESS CITY-ST-ZIP MAMI FL. SD AMBEY, DEBBIE L 13301 SW 124 ST MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. SD AMBEY, DEBBIE L 13301 SW 124 ST MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. SD AMBEY, DEBBIE L 13301 SW 124 ST MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. SD AMBEY, DEBBIE L 13301 SW 124 ST MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. STREET ADDRESS CITY-ST-ZIP MIAMI FL. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change	C The chouse	named antity submits this statemen	it for the purpose of changing	na its registered office or	registered ag	ent, or both, in the State of Florid	a. I am familiar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 TITLE TD Delete MICALI, JOHN STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change	the obligat	ions of registered agent.							
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PD BRIZUELA, AL 13301 SW 124 ST TITLE NAME STREET ADDRESS CITY-ST-ZIP MICALI, JOHN STREET ADDRESS CITY-ST-ZIP MIAMI FL STREET ADDRESS CITY-ST-ZIP MIAMI FL STREET ADDRESS CITY-ST-ZIP TITLE SD AMBEY, DEBBIE L 13301 SW 124 ST CITY-ST-ZIP TITLE NAME AMBEY, DEBBIE L 13301 SW 124 ST CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ŞIGNATURE .	Signature, typed or printed name of registered as	gent and title il applicable.	(NOTE: Registered Agent signature	e required when re	einstating)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MICALI, JOHN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE CH	After May 1, 2003 Fee will be \$550.00								
TITLE NAME STREET ADDRESS CITY-ST-ZIP NIAMI FL STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NIAMI FL STREET ADDRESS CITY-ST-ZIP TITLE NAME STR				11.	AE	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME MICALI, JOHN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL SO NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Change	TITLE NAME STREET ADDRESS	PD BRIZUELA, AL 13301 SW 124 ST		TITLE	VP	D	□ Change	Addition	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Change	TITLE NAME	TD MICALI, JOHN	☐ Delete	TITLE NAME STREET ADDRESS	V	VIT MITH, F E DOTAG	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHange CHange CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change	TITLE NAME STREET ADDRESS	SD AMBEY, DEBBIE L 13301 SW 124 ST	Delete	TITLE NAME STREET ADDRESS	·		Change	☐ Addition	
CHY-ST-ZIP CHY-ST-ZIP Change	TITLE	MIAMI FL	☐ Delete	TITLE			☐ Change	☐ Addition	
TITLE Delete TITLE Change	STREET ADDRESS								
NAME STREET ADDRESS CITY ST. 7IP. CITY ST. 7IP.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
GIT-31-ZIF	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

SIGNATURE:

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.

FILED

Mar 25, 2003 8:00 am Secretary of State

Daytime Phone #