

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90067 019 ***150.00

DOCUMENT # *P01000109534*
1. Entity Name *AMERICAN MARINE + AIR Conditioning
And Refrigeration, Inc.*

DO NOT WRITE IN THIS SPACE

B0137632

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4621 SW 26 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
4621 S.W 26 TERRACE
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL.

City & State
FT. LAUDERDALE FL

4. FEI Number
65-1152821

Applied For
Not Applicable

Zip
33312

Country
BROWARD

Zip
33312

Country
BROWARD

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CHARLES E DIMIDIO

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

4621 S.W. 26 TERRACE

City
FT. LAUDERDALE

FL

Zip Code
33312

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended-UBR is \$61.25
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
*President
CHARLES E DIMIDIO
4621 SW 26 TERRACE
FT. LAUDERDALE FL. 33312*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Vice-President
Joseph Bean
5250 N. Hills DR.
Hollywood FL. 33021*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles E Dimidio* *Charles E Dimidio President 9/08/02* *(954) 4621*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

DT# P01000109534
B0137032

Enclosed you will find the (U.B.R.)
report that was sent to me. As discussed
on the telephone the forms were never
received.

I am enclosing the check, as instructed
for \$150.00

Thank you for your assistance.

Sincerely

Charles E. Dumb

American Marine & H.C.