

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000081922

1. Entity Name
REARCON AIR CONDITIONING, CORP.



FILED
03 NOV 24 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
724 TIVOLI CIRCLE #103
DEERFIELD BEACH FL 33441

Mailing Address
724 TIVOLI CIRCLE #103
DEERFIELD BEACH FL 33441

2. Principal Place of Business

18843 CLOUD LAKE
Suite, Apt. #, etc.

Cir

City & State
BOCA RATON - FL

Zip
33496

Country
USA

3. Mailing Address

18843 CLOUD LAKE
Suite, Apt. #, etc.

Cir

City & State
BOCA RATON - FL

Zip
33496

Country
USA

REINSTATEMENT

CHECK HERE IF MAKING CHANGES

4. FEI Number
43-1968621

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RABELO, HELIO R
724 TIVOLI CIRCLE #103
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name
RABELO, HELIO R
Street Address (P.O. Box Number is Not Acceptable)
18843 CLOUD LAKE CIR

City
BOCA RATON FL Zip Code
33496

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/18/03

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
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
RABELO, HELIO R
724 TIVOLI CIRCLE #103
DEERFIELD BEACH FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RABELO, HELIO R
724 TIVOLI CIRCLE #103
DEERFIELD BEACH FL 33441

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
RABELO, HELIO R
18843 CLOUD LAKE CIR
BOCA RATON - FL 33496

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RABELO, HELIO R 11/18/03 954-214

Date

Daytime Phone #

7909

CR2E034 (10/02)