

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 29 AM 8:36

DOCUMENT # P04000152871	
1. Entity Name	
APEX-TECH AIR CONDITIONING INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3411 S.W. 36TH STREET Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State WEST PARK, FL		City & State	
Zip 33023-6336	Country	Zip	Country

600180298056
05/04/10--01012--020 **150.00

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 54-2138356		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name BARBARA FOUST Street Address (P.O. Box Number is Not Acceptable) 3401 N.W. 202ND STREET City MIAMI GARDENS FL Zip Code 33056		

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

4/19/2009

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHANE W. LHERISSON 3411 S.W. 36TH STREET WEST PARK, FLORIDA 33023-6336			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

STEPHANE W. LHERISSON- PRESIDE

4/18/2010

954-274-2871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #