FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2004 8:00 am
Secretary of State
09-21-2004 90001 020 ***150.00

DOCUMENT # P93000002716

1. Entity Name

HAV AIR CONDITIONING INC

DO NOT WRITE IN THIS SPACE

24085899

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
887 W 34 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State
Zip: 33012 / Country	Zip / Country

4. FEI Number: 65-0381550 ☐ Applied For ☐ Not Applicable

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: BORRELL, OSVALDO

Street Address (P.O. Box Number is Not Acceptable): 887 WEST 34 ST

City: HIALEAH **FL** Zip Code: 33012

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 _____ 9/13/2004

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	P	TITLE	
NAME	BORRELL, OSVALDO	NAME	
STREET ADDRESS	887 W 34 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	BORRELL, LISBET	NAME	
STREET ADDRESS	887 W 34 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	**IN THIS SPACE**
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ OSVALDO BORRELL, PRESIDENT 9/13/2004 (305) 558-9136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
24085899

September 13, 2004

Florida Department of State
P O Box 6327
Tallahassee, Florida 32314

Subject: HAV AIR CONDITIONING INC

Ref: P93000002716

Enclosed please find the 2004 Annual Report, along with the payment of $150.00

We wish to request a waiver of the late fee, because we did not receive the postcard from you, and have been recently advised that the payment was past due since May 1, 2004.

We thank you for your understanding.

Sincerely,

Osvaldo Borrell
President