

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90059 044 ***150.00

DOCUMENT # **P93000021126**



1. Entity Name
WESTSIDE AIR CONDITIONING SERVICE CORP.

Principal Place of Business
**16041 SOUTHWEST 61ST COURT
FORT LAUDERDALE FL 33331**

Mailing Address
**16041 SOUTHWEST 61ST COURT
FORT LAUDERDALE FL 33331**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0396646**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE LA FE, ONIX
16041 SOUTHWEST 61ST COURT
FORT LAUDERDALE FL 33331**

Name
Street Address (P.O. Box Number is Not Acceptable)
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 accept the obligations of registered agent.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE LA FE, GUSTAVO	
STREET ADDRESS	16041 SOUTHWEST 61ST COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DE LA FE, ONIX	
STREET ADDRESS	16041 SOUTHWEST 61ST COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Onix De La Fe* **1-8-03** **305-557-0460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)