

2000 UNIFORM BUSINESS REPORT (UBR)

0277859

DOCUMENT # P93000028905

1. Entity Name

VAIRETEK MECHANICAL INC.

FILED

00 MAY 23 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13282 SW 100 TERRACE
FL 33186

13282 SW 100 TERRACE
MIAMI FL 33186-2863
US

2. Principal Place of Business

14376 SW 139 Court

3. Mailing Address

14376 SW 139 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip

Country

Zip

Country

33186 USA

33186 USA

4. FEI Number 59-3177335

Added For

Not Added For

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

Name

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

City

FL

Zip Code

PEREZ, NIRIAM M
4037 SW 96 AVE
MIAMI FL 33165

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS
ST-ZIP
D.P.
COBIAN, VICTOR M.
13292 SW 100 Terrace
Miami, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ROMANIUK, JUANA C
14376 SW 139 CT BAY #10
MIAMI FL ☐ Change ☐ Addition

ADDRESS
ST-ZIP
V.P.
COBIAN, ZOILA A.
13292 SW 100 Terrace
Miami, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
VASALLO, DEIGO J
14376 S.W. 139TH CT.
MIAMI, FL ☐ Change ☐ Addition

ADDRESS
ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
300003291153--E
-06/15/00--01062--002
*****61.25 *****61.25

ADDRESS
ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

ADDRESS
ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
SP

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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

JOANA C. ROMANIUK, President 5/15/00 (805)232-0745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)