

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059531

1. Entity Name  
SNOW WHITE AIR CONDITIONING, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90096 029 \*\*\*150.00

Principal Place of Business

11180 W FLAGLER ST.  
SUITE #3  
MIAMI FL 33174

Mailing Address

11180 W FLAGLER ST.  
SUITE #3  
MIAMI FL 33174



2. Principal Place of Business

11180 W FLAGLER ST

3. Mailing Address

11180 W FLAGLER ST

Suite, Apt. #, etc.

SUITE #3

Suite, Apt. #, etc.

SUITE #3

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33174

Country

USA

Zip

33174

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0442104

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUDO, MARCELO M  
501 BRICKEL KEY DRIVE  
#300  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME CASTANON, LUIS  
STREET ADDRESS 4640 S.W. 99 AVE.  
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE VP  
NAME CASTANON, JESUS  
STREET ADDRESS 1081 N.W. 127 CT.  
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

13. 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 all other the empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-2000 (305) 2235353

CR2E034 (5/00)