## 03-24-2000 90110 031 \*\*\*150.00

## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 24, 2000 8:00 am Secretary of State DOCUMENT # P93000086925 1. Entity Name DADE APPLIANCE & AIR CONDITIONING CORP. Principal Place of Business Mailing Address 14331 S.W. 38TH TERRACE 4248 NW 72TH AVE MIAMI FL 33175-7808 **MIAMI FL 33166** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0455150 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAJARDO, JOSE A Street Address (P.O. Box Number is Not Acceptable) 14331 S.W. 38TH TERRACE **MIAMI FL 33175** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE FAJARDO, JOSE A NAME NAME STREET ADDRESS 14331 S.W. 38TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** Change ☐ Addition TITLE ☐ Delete FAJARDO, VIVIAN M NAME 14331 S.W. 38TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F

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

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP