

FILED
Mar 03, 2000 8:00 am
Secretary of State

817602



DOCUMENT # P95000049733

1. Entity Name

MIAMI AIR CONDITIONING & REFRIGERATION, INC.

Principal Place of Business

Mailing Address

12204 SW 130 STREET
FL 33186

12204 SW 130 STREET
MIAMI FL 33186-6217
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BRENMAN, BETHONY
12204 SW 130 STREET
MIAMI FL 33186

Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE

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

(NOTE: Registered Agent signature required)

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

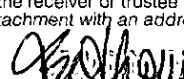
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

12.

TITLE	VP	☐ Delete	TITLE	
NAME	BRENMAN, BETHONY		NAME	
STREET ADDRESS	12204 SW 130 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	
TITLE	P	☐ Delete	TITLE	
NAME	SALTZMAN, JEFFERY A		NAME	
STREET ADDRESS	12204 SW 130 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	
TITLE	SVP	☒ Delete	TITLE	
NAME	MUNIZ, JUAN		NAME	
STREET ADDRESS	12204 SW 130 STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED