

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051892

1. Entity Name

A-SEA MARINE AIRCONDITIONING & REFRIGERATION, IN

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90013 010 ***150.00

Principal Place of Business	Mailing Address
511 S.W. 3 AVE S & 3 MIAMI FL 33130 US	511 S.W. 3 AVE S & 3 MIAMI FL 33130-2905 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
511 SW 3 AVE Suite, Apt. #, etc. 2 + 3 City & State MIAMI FL Zip 33130-2905 Country US	511 SW 3 AVE Suite, Apt. #, etc. 2 + 3 City & State MIAMI FL Zip 33130-2905 Country US

4. FEI Number	65-0595510	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ESTOPINAN, JORGE L 1241 S.W. 84TH COURT MIAMI FL 33142

7. Name and Address of New Registered Agent	
Name	ESTOPINAN, JORGE L. JR.
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 _____ (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 \$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

11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	ESTOPINAN, JORGE L JR
STREET ADDRESS	1241 S.W. 84 CT
CITY-ST-ZIP	MIAMI FL 33412
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: ESTOPINAN, JORGE L JR 1-19-00 (305) 856-8800

CR2E034 (9/99)