2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 13, 2000 8:00 am Secretary of State DOCUMENT # P95000054916 1. Entity Name MG AIR CONDITIONING, CORP. 03-13-2000 90027 013 ***150.00 Mailing Address Principal Place of Business 7740 W 2 COURT 2262 W. 74TH PL HIALEAH FL 33016-6869 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0596199 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GUILLEN. MAURICO** Street Address (P.O. Box Number is Not Acceptable) 2262 W 74 PLACE 7822 NW 164 STreet HIALEAH FL 33016 Zip **33**016 Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits in SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. Guillen Mauricio PD TITLE Addition ☐ Delete TITLE 7822 NW 164 STreet **GUILLEN, MAURICIO** NAME NAME STREET ADDRESS STREET ADDRESS 2262 W 74 PLACE miami, F1 33016 CITY-ST-ZIP CITY-ST-7IP HIALEAH FL 33016 ☐ Delete Change Addition TITLE TITLE NAME **GUILLEN, MARCO A** STREET ADDRESS STREET ADDRESS 1686 W 58 STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL. 33012 Guiller Ber+HA 1822 NW 164 Street Change ☐ Addition ☐ Delete TITLE TITLE **GUILLEN, BERTHA** NAME NAME STREET ADDRESS STREET ADDRESS 2262 W 74 PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empowers 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 activity ill other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR