2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 23, 2000 8:00 am DOCUMENT # **P95000089646** Secretary of State CANNON AIR-CONDITIONING & REFRIGERATION, INC. 02-23-2000 90016 021 ***150.00 Principal Place of Business Mailing Address 8977 SW 123 COURT 8977 SW 123 COURT **UNIT 203 UNIT 203** 812V0V MIAMI FL 33186-1932 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0620131 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 8977 SW 123 COURT **UNIT 203 MIAMI FL 33186** Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. 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. Change ☐ Delete TITLE TITLE SAEZ, JOSE NAME NAME 8977 SW 123 COURT UNIT 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE ARCIA, ALFREDO NAME NAME 12724 NW 6 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33182** CITY-ST-ZIP Change ☐ Addition SD ☐ Delete TITLE ARCIA, RITA NAME 12724 NW 6 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33182** CITY-ST-ZIP ■ Addition ☐ Del∉te TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR