

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90366 045 ***150.00

DOCUMENT # P95000090119

1. Entity Name
PENN AIR MECHANICAL, INC.

Principal Place of Business

1593 BANKS ROAD
MARGATE FL 33063

Mailing Address

1593 BANKS ROAD
MARGATE FL 33063

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0645486

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required -

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABALLERO, BILLY J
9704 NW 3RD MANOR
CORAL SPRINGS FL 33071

Name Gerard McIntyre

Street Address (P.O. Box Number is Not Acceptable)

1234 SW 15 Way

City Deerfield Beach

FL

Zip Code 33441

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

GERARD MCINTYRE VP

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CABELLERO, BILLY	
STREET ADDRESS	9704 NW 3RD MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOODRICH, THOMAAS	
STREET ADDRESS	100 NW 51 ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	CABALLERO, PENNY	
STREET ADDRESS	9704 NW 3RD MNR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerard McIntyre	
STREET ADDRESS	1234 SW 15 Way	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	President / Tres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penny Caballero	
STREET ADDRESS	9704 NW 3rd MNR	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carla Parker	
STREET ADDRESS	4129 Woodside dr #B	
CITY-ST-ZIP	Coral Springs, FL 33065	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Penny Caballero VP/Sec/Tres 3/26/01 954-978-2220

Date

Daytime Phone #

CR2E034 (10/00)