

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006164

1. Entity Name

A/C DEPOT & SERVICES INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90129 010 ***150.00

Principal Place of Business

8616 NW 8TH ST
MIAMI FL 33126

Mailing Address

8616 NW 8TH ST
MIAMI FL 33126

CU044291



DO NOT WRITE IN THIS SPACE

3817 SW 91 AVE.

2. Principal Place of Business

3817 SW 91 AVE.

3. Mailing Address

3817 SW 91 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0643804

Applied For

Not Applicable

Zip

33165

Country

DADE

Zip

33165

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOMARRIBA, JOSE
8616 NW 8TH ST
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name JOSE SOMARRIBA

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

3817 SW 91 AVE.

City MIAMI

FL

Zip Code 33165

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-2001

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

TITLE DPT
NAME SOMARRIBA, JOSE ☐ Delete
STREET ADDRESS 8616 NW 8TH ST
CITY-ST-ZIP MIAMI FL 33126

TITLE DVS
NAME SOMARRIBA, LUCILA ☒ Delete
STREET ADDRESS 8616 NW 8TH ST
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME SOMARRIBA, JOSE ☒ Change ☐ Addition
STREET ADDRESS 3817 SW 91 AVE.
CITY-ST-ZIP MIAMI, FL. 33165

TITLE DVS
NAME SOMARRIBA, ELENA ☐ Change ☒ Addition
STREET ADDRESS 3817 SW 91 AVE.
CITY-ST-ZIP MIAMI, FL. 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

JOSE S. SOMARRIBA

Date

Daytime Phone #

4-07-01 (305) 552-0190

CR2E034 (10/00)

0144736