**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_

## Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P96000019787 R.E.M. AIR CONDITIONING SERVICE, INC. 01-29-2001 90025 033 \*\*\*150.00 Principal Place of Business Mailing Address 2216 S.W. 60TH WAY 2216 S.W. 60TH WAY MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0663778 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition Change NAME MINCHER, RAYMOND NAME STREET ADDRESS 2216 S.W. 60TH WAY STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MINCHER, JOSEPH NAME STREET ADDRESS 2216 S.W. 60TH WAY STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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