

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
 04-24-2000 90165 050 ***158.75

DOCUMENT # P96000028226

1. Entity Name
A.S.A.P. AIR CONDITIONING AND APPLIANCE SERVICE

Principal Place of Business Mailing Address
~~1500 W 29TH LANE~~
~~MIAMI FL 33016~~
PO BOX 160608
HIALEAH FL 33016-0011

644901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
9083 NW 171 Lane **PO Box 160608**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL **Hialeah, FL**
 Zip Country Zip Country
33018 **USA** **33016** **USA**

4. FEI Number **65-0663829** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

VERA, GILBERTO
7599 W 29TH LANE
HIALEAH FL 33016
9083 NW 171 Lane
Miami, FL 33018

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 *Gilbert Vera* DATE 4/17/00
 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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VERA, GILBERTO 7599 W 29TH LANE HIALEAH FL 33016 9083 NW 171 Lane Miami, FL 33018	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VERA, VIVIAN 7599 W 29TH LANE HIALEAH FL 33016 9083 NW 171 Lane Miami, FL 33018	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Gilbert Vera* 4/17/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)