2091 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600036810 1. Entity Name

CLIMA CONTROL INC.

Principal Place of Business

4238 S.W. 75 AVE MIAMI FL 33155

Mailing Address

19990 NW 83RD COURT HIALEAH FL 33015

FILED Feb 05, 2001 8:00 am Secretary of State 02-05-2001 90078 036 ***150.00

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2. Principal P 1999	Place of Busin	83 C+.	3. Mailing Address	ax 172	210	,						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat		, FL.	City & State HIALEAH FL.			4. F	El Number	65-0671276	3		plied For t Applicable]
38 U/		Country DADE	Zip 33017	33017 D		DE 5. Certificate of Status Des			Fee Required			
	6. Name	and Address of Currer	t Registered Agent		Name	7. N	lame and Addi	ess of New R	egistered Ac	gent		┨
4238	ZIER, PETER 3 S.W. 75 AV MI FL 33155	/E		Street Ad	dress (P.O. B	lox Number is N	lot Acceptable	9)				
			•	:	City				FL	Zip Code		
8. The above	named entity	submits this statement	for the purpose of chang	ing its registere	ed office or r	egistered ag	ent, or both, in	he State of Fig	orida.	<u>, </u>		
SIGNATURE.	Signature, typed o	or printed name of registered age	nt and title if applicable.	(NOTE: Registered	d Agent signature	a required when re	instating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 200 Make Check Payable					will be \$55	0.00		Campaign Fin nd Contributio	· ~		May Be to Fees	
11.		OFFICERS AN	D DIRECTORS	12.		AD	DITIONS/CHAI	NGES TO OFF	ICERS AND D	DIRECTORS	IN 11	1
TITLE NAME STREET ADDRESS	P Frazier, 4238 S.W.	75 AVE	☐ Delete	NAM! Stre	E ET ADORESS		WES		2468	Change	☐ Addition	00,00,00
CITY-ST-ZIP	MIAMI FL VP	33155				HIALL	14H FL	350		Change	Addition	١
NAME STREET ADDRESS CITY-ST-ZIP	PADRON, 4238 S.W. MIAMI FL	75 AVE.	Delete	NAME STRE		19990 HIA	BAN	83 CT	•	Change	Addition	*
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAMI STRE						Change	Addition	}
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREE						Change	☐ Addition	j
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Oeleta	NAME STREE CITY-	E Et address - St-Zip					Change	Addition	
13. I hereby o	certify that the	information supplied wi	th this filing does not qua	alify for the exer	mption state	d in Section 1	119.07(3)(i), Flo	rida Statutes. I	further certif	v that the in	formation	

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.