

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055597

1. Entity Name

COOL COMFORT AIR CONDITIONING & REFRIGERATION, I

Principal Place of Business

4172 SW 21ST ST
FT LAUDERDALE FL 33317

Mailing Address

4172 SW 21ST ST
FT LAUDERDALE FL 33317-6709

5301 SW 7TH STREET

2. Principal Place of Business

3. Mailing Address

5301 SW 7TH STREET

Suite, Apt. #, etc.

PLANTATION, FLORIDA

Suite, Apt. #, etc.

City & State

City & State

PLANTATION, FLORIDA

Zip

33317

Country

BROWARD

Zip

33317

Country

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIDIYANAUTH, DEONAUTH
4172 SW 21ST ST
FT LAUDERDALE FL 33317

Name

BIDIYANAUTH, DEONAUTH

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

5301 SW 7TH STREET

City

PLANTATION

FL

Zip Code

33317

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

Heon Bidiyanauth

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/00

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BIDIYANAUTH, DEONAUTH	
STREET ADDRESS	4172 SW 21ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Heon Bidiyanauth DEONAUTH BIDIYANAUTH

Date

Daytime Phone #

1/18/00 (954) 791-6799

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90114 031 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0681221

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required