

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PN0000053019**

1. Entity Name

**Roilan's Auto Air Conditioning, INC.**

Principal Place of Business

Mailing Address

**45 NW 57 Ave.  
Miami, FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**382324342**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Roilan Goenaga  
903 SW 34 Ave.  
Miami, FL 33135**

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME ☐ Delete  
**VP Roilan Goenaga**  
STREET ADDRESS **903 SW 34 Ave.**  
CITY-ST-ZIP **Miami, FL 33135**

TITLE NAME ☐ Delete  
**VP Lidice Travieso**  
STREET ADDRESS **45 NW 57 Ave.**  
CITY-ST-ZIP **Miami, FL 33126**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
**300004697009-2**  
STREET ADDRESS **-11/28/01--01051--010**  
CITY-ST-ZIP **\*\*\*\$150.00 \*\*\*\$150.00**

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Page 1 of 2*

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (11/00)

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ROILAN'S AUTO AIR CONDITIONING, INC.  
DOC.#97000053019

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A  
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY  
UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE  
TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS  
CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS  
MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS  
LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY  
ROILA GOENAGA  
PRESIDENT