

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90061 041 \*\*\*150.00

**DOCUMENT # P97000080585**

1. Entity Name

**CENTRAL COMFORT AIR CONDITIONING CORPORATION**

Principal Place of Business

Mailing Address

9721 S.W. 102ND AVENUE ROAD  
 MIAMI FL 33176

9721 S.W. 102ND AVENUE ROAD  
 MIAMI FL 33176

2. Principal Place of Business

1691 W 3754

3. Mailing Address

1691 W 3754

Suite, Apt. #, etc.

Bay 34

Suite, Apt. #, etc.

Bay 34

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0781851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, ALEX A

9721 S.W. 102ND AVENUE ROAD  
 MIAMI FL 33176

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME MARTINEZ, ALEX A  
 STREET ADDRESS 9721 S.W. 102ND AVENUE ROAD  
 CITY-ST-ZIP MIAMI FL 33176

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SVD  
 NAME MARTINEZ, MARISELA  
 STREET ADDRESS 9721 S.W. 102ND AVENUE ROAD  
 CITY-ST-ZIP MIAMI FL 33176

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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:

*Alex Martinez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/00

Date

(305) 598-7575

Daytime Phone #

CR2E034 (9/99)