Correction of the adress - Register Agent -

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/19/

FILED
Jul 07, 2003 8:00 am
Secretary of State
05-19-2003 90225 017 ***150.00

DOCUMENT # P98000037093

Entity Name
FLORIDA HVAC CONTRACTOR INC.

Principal Place of Business
7000 NW 186 ST

Mailing Address
P.O. BOX 173972

[redacted]

Principal Place of Business
SUITE # 523

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
Hialeah - FL

City & State

City & State Hialeah - FL

4. FEI Number 65-0831550 ☐ Applied For ☐ Not Applicable

Zip 33015 Country USA

Zip 33017-3972 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLEJOS, JESUS A

7. Name and Address of New Registered Agent

Name JESUS ALCIDES VALLEJOS

Street Address (P.O. Box Number is Not Acceptable)
7000 NW 186 ST #523

City Hialeah FL Zip Code 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jesus Alcides Vallejos
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	VALLEJOS, JESUS A		NAME
STREET ADDRESS	7000 NW 186 ST #523		STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL 33015		CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	PLEASE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	Excute late Fee -	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	I Never receipt		NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	The form	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NEW		NAME
STREET ADDRESS	ADDRESS		STREET ADDRESS
CITY-ST-ZIP	P O BOX		CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jesus Alcides Vallejos SIGNATURE REQUIRED 05-10-03 305 970-1875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #