02-03

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 14 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058655

1. Entity Name

J.S. AIR CONDITIONING, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
976 EAST 24TH STREET	976 EAST 24TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33013 Country: US	Zip: 33013 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0427148 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JESUS MELCHOR

Street Address (P.O. Box Number is Not Acceptable): 976 EAST 24TH STREET

City: HIALEAH **FL** Zip Code: 33013

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 _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / STREET ADDRESS / CITY-ST-ZIP	P/T/D MELCHOR, JESUS 976 EAST 24TH STREET HIALEAH, FL 33013
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/V/D ARAMBU, DAGOBERTO 976 EAST 24TH STREET HIALEAH, FL 33013
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

600009683946
12/26/02--01033--010 **150.00

600009683946
01/14/03--01048--005 **155.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jesus Melchor 1-6-03 786 255-3785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 1/15