2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065010 1. Entity Name

A & J MASTERS AIR CONDITIONING & REFRIGERATION.

FILED Feb 05, 2000 8:00 am Secretary of State

)						02-0	5-2000 90002	007 ***1	50.00		
Principal Place	e of Business	Mailing Address									
***** *** **** .		1655 SW 122 AVE MIAMI FL 33175-7381			}	(1 00 (1 00) 1(0	Jupen neller bannt belief b		/ エ オ 	# ((# B) () B \$)	
		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP	ACE		
City & State		City & State	City & State			hhat behat it had			plied For		
Zip	Country	Zip	Countr		5. (5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. N	Name and A	ddress of New Re	gistered Ag	ent		
				Name					-		
1655	rra, angela 6.sw.122 ave			Street Addr	ress (P.O. B	ox Number is	Not Acceptable)				
MIAN	/II,FL 33175		I	_							
			I	City				FL	Zip Code	е	
8. The above	named entity submits this statement for	or the purpose of changing it	ts registere	ed office or reg	gistered ag	ent, or both,	in the State of Flori	da.			
							, sesse ;				
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE. Registered	d Agent signature re	equired when re	sinstating)		DATE			
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW After MAY 1, 2 Make Check Paya	2000 Fee			10. Electi	on Campaign Fina	ncing	\$5.0 Added	May Be	
11.	OFFICERS AND	DIRECTORS	12.		AD		ANGES TO OFFIC			SIN 11	
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NAME STREET ADDRESS	1655 SW 122 AVE	• • • • • • • • • • • • • • • • • • •	STRE	ET ADDRESS							
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STREET ADDRESS CITY-ST-ZIP	•		1	ET ADDRESS - ST-ZIP							
	ertify that the information supplied witi	h this filing does not qualify to	or the ever	betete poiter	in Section	119,07(3)(i).	Florida Statutes. I	further certif	 y that the i	nformation	
indicated of the con	certify that the information supplied with on this report or supplemental reperti- poration or the receiver or trustee emp or on an attachment with an address	s true and accurate and that owered to execute this repor- with a lother like structures	t my signat rt as requir	ture shall have red by Chapte	e the same er 607, Flori	legal effect a da Statutes;	is if made under or and that my name	ath; that I an appears in I	i an officer Block 11 or	or director Block 12 i	

.1-28-00 Date