

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067832

1. Entity Name

ALL FLORIDA APPLIANCE & A/C SERVICE, INC.

FILED

Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90056 004 ***150.00

Principal Place of Business

Mailing Address

3044 GATES DR., UNIT 449
TAMPA FL 33613-3967

3044 GATES DR., UNIT 449
TAMPA FL 33613-3967

2. Principal Place of Business

3. Mailing Address

10115 Sea Spray PL
Suite, Apt. #, etc.

10115 Sea Spray PL
Suite, Apt. #, etc.

City & State

City & State

Tampa, FLA

Tampa, FLA

Zip
33624

Country
USA

Zip
33624

Country
USA

4. FEI Number

59-3524056

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

IBRAHIM, SHERIF

3044 GATES DR., UNIT 449
TAMPA FL 33613-3967

Name

Street Address (P.O. Box Number is Not Acceptable)

10115 Sea Spray PL.

City Tampa

FL

Zip Code
33624

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
IBRAHIM, SHERIF
3044 GATES DR UNIT 449
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10115 Sea Spray PL.
Tampa, FL 33624 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)