

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90072 038 ***150.00

DOCUMENT # P99000010269

1. Entity Name

JL AIR CONDITIONING INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12417 SW 20 TERR

3. Mailing Address
12417 SW 20 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0895023**

Applied For
Not Applicable

Zip
33175

Country
DADE

Zip
33175

Country
DADE

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 **LORENZO, JOSE A**

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

12417 SW 20 20 TERR

City **MIAMI**

FL

Zip Code
33175

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when registering.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD : LORENZO, JOSE A 12417 SW 20 TERR MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD : LORENZO, JULIE M 12417 SW 20 TERR MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A Lorenzo

4-18-03

Date

Phone Number

(65) 534-1504

CR2E034B (12/02)