

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031547

1. Entity Name

PRO-AIR CONDITIONING CONTRACTOR, INC.

01-31-2001 90049 044 ***550.00

P99000031547

FILED

01 APR -4 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

909907



REINSTATEMENT

00-01

Principal Place of Business 14157 SW 125 COURT MIAMI FL 33186	Mailing Address 14157 SW 125 COURT MIAMI FL 33186-6090
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2. Principal Place of Business 8052 SW 90 Avenue Suite, Apt. #, etc.	3. Mailing Address 8052 SW 90 Avenue Suite, Apt. #, etc.
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City & State Miami Florida	City & State Miami Florida	4. FEI Number 65-0916636	Applied For Not Applied
Zip 33173	Country DADE	Zip 33173	Country DADE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROQUE, ERNESTO 14157 SW 125 COURT MIAMI FL 33186

7. Name and Address of New Registered Agent Name Luis F. Mojicar Street Address (P.O. Box Number is Not Acceptable) 8052 SW 90 Avenue City Miami FL Zip Code 33173

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 <u>Luis F. Mojicar</u> DATE 3-7-01 <small>Signature, typed or printed name of registered agent and date is applicable. (NOTE: Registered Agent signature required when reinstating)</small>

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROQUE, ERNESTO 14157 SW 125 COURT MIAMI FL 33186 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NORMA D. MOJICAR 8052 SW 90 Avenue Miami FL 33173 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT LUIS F. MOJICAR 8052 SW 90 Avenue Miami FL 33173 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800004035098 -04/20/01--01010--025 ****350.00 ****350.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Luis F. Mojicar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date Jan. 22, 2001 <small>Date Daytime Phone #</small>

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