2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036525

1. Entity Name: CIS Air-Conditioning & Refrigeration, Inc. (formerly
CIS ALL-SEASON MAINTENANCE, INC.)

Principal Place of Business	Mailing Address
14366 S.W. 97TH LANE MIAMI FL 33186	14366 S.W. 97TH LANE MIAMI FL 33186

2. Principal Place of Business	3. Mailing Address		
10775 S.W. 190th Street	8450 S.W. 172nd Street		
Suite, Apt. #, etc. Bay #37	Suite, Apt. #, etc.		
City & State Miami, FL	City & State Miami, FL	4. FEI Number **65-0914956**	Applied For / Not Applicable
Zip 33157	Country USA	Zip 33157	Country USA	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, CORY D
~~14366 S.W. 97TH LANE~~ 8450 S.W. 172nd Street
MIAMI FL ~~33186~~ 33157

7. Name and Address of New Registered Agent

Name

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

City _____ FL | Zip Code

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!!
After MAY 1, 200 Fee will be $550.00
Make Check Payable to Department of State

FEE IS $150.00

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 D NAME ROTH, CORY D STREET ADDRESS 14366 S.W. 97TH LANE CITY-ST-ZIP MIAMI FL 33186		☐ Delete	TITLE P,S,T NAME Cory D. Roth STREET ADDRESS 8450 S.W. 172nd Street CITY-ST-ZIP Miami, FL 33157-4067	☒ 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (10/00)

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: _____ Cory Roth _____ 4/30/01 305-345-4853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR   Date   Daytime Phone #