

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91752 011 \*\*\*150.00

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

DOCUMENT # P99000036525  
 1. Entity Name  
 CIS AIR CONDITIONING & REFRIGERATION,  
 INC.

U I R I C O

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 8450 S.W. 172nd Street  
 Suite, Apt. #, etc.

3. Mailing Address  
 P.O. Box 970558  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Miami, FL

City & State  
 Miami, FL

4. FEI Number  
 65-0914956

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required.

Zip Country  
 33157-4667 USA

Zip Country  
 33197-0558 USA

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 Roth, Cory D.

Street Address (P.O. Box Number is Not Acceptable)  
 8450 S.W. 172nd Street

City  
 Miami

FL Zip Code  
 33157-4667

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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                         |  |  |                                       |
|--|--|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PST<br>Roth, Cory D.<br>8450 S.W. 172nd street<br>Miami, FL 33157-4667 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Cory D. Roth 4/30/02 (305) 378-5731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #