

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

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90352 035 ***550.00

DOCUMENT # P99000094634

1. Entity Name

CLIMATE MASTERS OF SOUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

118766

2. Principal Place of Business

21421 NW 3 PLACE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 827111

Suite, Apt. #, etc.

SOUTH FL, FL 33082-7111

City & State

PEMBROKE PINES, FL 33029 S. FL, FL 33082

Zip

Country

Zip

Country

4. FEI Number

65-0956973

Applied For

Not Applicable

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

RANEL J. CASTRO

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

21421 NW 3 PLACE

City

PEMBROKE PINES

FL

Zip Code

33029

**DO NOT WRITE
IN THIS SPACE**

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 RANEL CASTRO

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

(NOTE: Registered Agent signature required when reinstating)

6/4/02

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CASTRO, RANEL J
21421 NW 3 PLACE
PEMBROKE PINES, FL 33029

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employment.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)