

3/7.

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90627 007 \*\*\*150.00

**DOCUMENT # P99000094784**

1. Entity Name

**VICTOR MECHANICAL SERVICES INC.**

Principal Place of Business

Mailing Address

2673 SW 30TH AVE.  
MIAMI FL 331332673 SW 30TH AVE.  
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0963545**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, VICTOR**  
**2673 SW 30TH AVE.**  
**MIAMI FL 33133**

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

*Victor Garcia*

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

(NOTE: Registered Agent signature required when reinstating)

*3/2/01*

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete

NAME **GARCIA, VICTOR**  
 STREET ADDRESS **2673 SW 30TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **VP** ☐ Delete

NAME **GARCIA, ROSALINA**  
 STREET ADDRESS **2673 SW 30TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Delete

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TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Victor Garcia* **VICTOR GARCIA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/19/01*

Daytime Phone #

*305 4487282*

CR2E034 (10/00)