

# FOR PROFIT CORPORATION 2001/2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**

P 99000107338

1. Entity Name

TRACO AIR<sup>2</sup> CONDITIONING & REFRIGERATION SYPPLY CO.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN 30 PM 3:33

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1229 N.W. 29th ST.  
Suite, Apt. #, etc.

P.O. BOX 371044  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

City & State

FL.

4. FEI Number

65-0967201

Applied For

Not Applicable

Zip

33142

Country

DADE

Zip

33137

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LEONOR LEIGHTON

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

1229 N.W. 29th ST.

City

MIAMI

FL

Zip Code

33142

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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

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) ☐

**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	P	TITLE	
NAME	LEONOR LEIGHTON	NAME	000004883140--8
STREET ADDRESS	1229 N.W. 29th ST.	STREET ADDRESS	-02/06/02--01049--001
CITY-ST-ZIP	MIAMI FL, 33142	CITY-ST-ZIP	****150.00 ****150.00
TITLE	D	TITLE	
NAME	DALE LEIGHTON	NAME	000004883140--8
STREET ADDRESS	1229 N.W. 29th ST.	STREET ADDRESS	-02/06/02--01049--002
CITY-ST-ZIP	MIAMI FL, 33142	CITY-ST-ZIP	****150.00 ****150.00
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02 305 573 7400

GR2E034B (12/01)

POST OFFICE BOX 371044  
82 NE 29th STREET  
MIAMI, FLORIDA 33137



PHONE: (305) 573-7400  
FAX: (305) 573-5029

TRACO TELEFAX COMMUNICATION

TO: FLORIDA DEPARTMENT OF STATE  
FROM:  
ATTN: REISNTATEMENT DEPARTMENT

DATE: 1/17/02

RE:

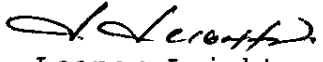
NO. ( )

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I LEONOR LEIGHTON CERTIFIED THAT I DID NOT RECEIVED THE ANNUAL  
RENEWAL FORM FOR TRACO AIR CONDITIONING AND REFRIGERATION SUPPLY  
CO. AND I'AM ASKING THAT YOU PLEASE WAVE THE FEES.

THANK YOU.

  
Leonor Leighton  
President.