

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90257 010 ***150.00

B0053691



DO NOT WRITE IN THIS SPACE

DOCUMENT # S27640

1. Entity Name

ATM AIR CONDITIONING & REFRIGERATION, INC.

Principal Place of Business

Mailing Address

363 NE 107 AVE
 PEMBROKE PINES FL 33026
 US

363 NW 107 AVE.
 PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

785 NW 103 Ter.

785 NW 103 Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 7-202

Apt 7-202

City & State

City & State

Pembroke Pines, FL

Pembroke Pines, FL

Zip

Country

Zip

Country

33026

Broward

33026

Broward

4. FEI Number

65-0242252

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

MORROW, MICHAEL
363 NW 107 AVE
PEMBROKE PINES FL 33026

Name

SAME

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

785 NW 103 Terrace

Apt 7-202

City

Pembroke Pines

FL

Zip Code

33026

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!!! 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	<input checked="" type="checkbox"/> Delete
NAME	BUTT, SHAHEEN S	
STREET ADDRESS	2017 SW 119 AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORROW, MICHAEL J	
STREET ADDRESS	363 NW 107 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, MICHAEL T	
STREET ADDRESS	1105 DUNCAN CIRCLE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morrow, Michael J	
STREET ADDRESS	785 NW 103 Terrace	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael J Morrow
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

954-579-9776

Date

Daytime Phone #

CR2E034 (10/00)