

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **597310**

1. Entity Name
Air Force Mechanical Inc

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90011 024 ***150.00

Principal Place of Business Mailing Address
8372 NW 74th Ave
Medley Fla. 33166

C0071427

2. Principal Place of Business 3. Mailing Address
8372 NW 74th Ave **8372 NW 74th Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number
Medley Fla. 33166 **Medley Fla.** **65-0311967**
Zip Country Zip Country
USA **33166** **USA**
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
Luis M. Prieto
Esther C. Prieto
Name **Luis M. Prieto**
Street Address (P.O. Box Number is Not Acceptable)
6470 Main Street
City **Miami Lakes** FL Zip Code **33014**

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 **Luis M. Prieto President** **05/22/2001**
(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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change- <input type="checkbox"/> Addition
NAME	Luis M. Prieto		NAME		
STREET ADDRESS	6470 Main Street #202		STREET ADDRESS		
CITY-ST-ZIP	Miami Lakes FL 33014		CITY-ST-ZIP		
TITLE	Vice President, Sec. Treasurer		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Esther C. Prieto		NAME		
STREET ADDRESS	6470 Main Street #202		STREET ADDRESS		
CITY-ST-ZIP	Miami Lakes FL 33014		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Esther C. Prieto** **Luis M. Prieto** **05/22/2001** **(305) 863-6133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)