## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **V02881** 1. Entity Name AIR SYSTEMS MECHANICAL, INC. 04-19-2000 90067 032 \*\*\*150.00 Principal Place of Business Mailing Address 8051 NW 46TH COURT 3499 NW 19TH ST LAUDERDALE LAKES FL 33311 LAUDERHILL FL 33351-5617 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0311093 Not Applicable Country \$8.75 Additional Zip αiΣ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, ROGER Street Address (P.O. Box Number is Not Acceptable) 8051 NW 46TH CT LAUDERHILL FL 33351 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TIT! F TITLE ☐ Delete MILLER, ROGER NAME NAME STREET ADDRESS 8051 NW 46 CT STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE MILLER, JANET NAME NAME 8051 NW 46TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33351 CITY-ST-ZIP - Change --- 🖂 Addition -TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE 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 of the receiver or tustee 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 another like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGN