

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-22-2001 90018 001 ***150.00

DOCUMENT # V27274

1. Entity Name
AIRKO MECHANICAL, INC.

Principal Place of Business Mailing Address
7250 NE 4 AVE **7250 NE 4 AVE**
MIAMI FL 33138 **MIAMI FL 33138**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0396542** 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

BORJA, ISIDRO
7250 NE 4 AVE
MIAMI FL 33138

Name **JULIO FUENTES**
 Street Address (P.O. Box Number is Not Acceptable)
8970 SW 85 TER
 City **MIAMI** FL Zip Code **33173**

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 *Julio Fuentes* **3/29/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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 **D** Delete
 NAME **BORJA, ISIDRO**
 STREET ADDRESS **7400 NE 4TH COURT**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DIRECTOR, PRESIDENT** Change Addition
 NAME **CARLOS BORJA**
 STREET ADDRESS **5735 SW 54 TER**
 CITY-ST-ZIP **MIAMI, FLA 33155**

TITLE **D** Delete
 NAME **BORJA, OLGA MARI**
 STREET ADDRESS **4205 ANDERSON AVE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR, SECRETARY** Change Addition
 NAME **VIVIAN BORJA**
 STREET ADDRESS **10440 NW 19 PL FLA**
 CITY-ST-ZIP **PEMBROKE PINES 33020**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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: *CARLOS BORJA* **3/20/01 (305) 981-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)