

**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**  
**MIAMI FL 33138**  
**US**

**7250 NE 4 AVE**  
**MIAMI FL 33138**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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 **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

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

TITLE **D** ☒ Delete  
 NAME **BORJA, ISIDRO**  
 STREET ADDRESS **7400 NE 4TH COURT**  
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
 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 ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**CARLOS BORJA****3/20/01 (305) 981-1000**

CR2E034 (10/00)