

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90049 010 ***150.00

DOCUMENT # 470926

1. Entity Name
TURSAIR AVIATION, INC.

Principal Place of Business

**MIAMI INT'L AIRPORT
 4350 NW 20TH ST
 MIAMI FL 33122
 US**

Mailing Address

**PO BOX 144140
 CORAL GABLES FL 33144
 US**

770291

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1570930**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**WILLIAM T. TURSO JR.
 10044 S.W. 131 TER.
 MIAMI FL 33176**

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 re-registering)

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 \$5.00
 After SEPTEMBER 15, 2000
 Make Check Payable to Dept.**

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	☐ Delete
NAME	TURSO, W. T. JR.	
STREET ADDRESS	10044 S.W. 131 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☐ Delete
NAME	MARTHA, TURSO E.	
STREET ADDRESS	10044 S.W. 131 TER.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ Delete
NAME	TURSO, DOUGLAS D.	
STREET ADDRESS	1930 S.W. 18TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	☐ Delete
NAME	TURSO, W.T.	
STREET ADDRESS	10124 S.W. 131 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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. 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.

MARTHA D. TURSO - Corp. Sec'y / TREASURER

4/30/01

305-526-6755