

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829668

1. Entity Name

AIRCLAIMS INC

Principal Place of Business

Mailing Address

7270 NW 12TH ST
800
MIAMI FL 33126
US

7270 NW 12TH ST
800
MIAMI FL 33126-1929
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIL, LISA R.
7270 NW 12TH ST
STE 800
MIAMI FL 33126

Name

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

City

FL

Zip Code

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
C
HAMMOND GILES, DEREK
CARDINAL POINT NEWALL RD
HOUNSLOW, TW

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WEIL, LISA
7270 NW 12TH ST STE 800
MIAMI FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FORSYTH, KENNETH
7270 NW 12TH ST STE 800
MIAMI FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

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:

ANDREW R. DISABELLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00
Date

305-597-5666
Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90024 034 ***150.00

A0000867



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-0808636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required