

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02755

1. Entity Name

AIR AMBULANCE CENTRAL, INC.

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90011 021 \*\*\*550.00

Principal Place of Business

5804 SUNSET DRIVE  
 MIAMI FL 33143

Mailing Address

PO BOX 432100  
 MIAMI FL 33243  
 US

00079070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33140

USA

4. FEI Number

59-2515802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BERCU LAWRENCE R  
 5804 SUNSET DRIVE  
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Lawrence R. Bercu

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

5750 Collins Ave, #15B

City

Miami

FL

Zip Code

33140

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: *Lawrence R. Bercu* PAS

(NOTE: Registered Agent signature required when reinstating)

8/9/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PAS	<input type="checkbox"/> Delete
NAME	BERCU, LAWRENCE R.	
STREET ADDRESS	5804 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERCU, LAWRENCE R.	
STREET ADDRESS	5804 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERCU, LAWRENCE R.	
STREET ADDRESS	5804 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERCU, LAWRENCE R.	
STREET ADDRESS	5804 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bercu, Lawrence R.	
STREET ADDRESS	5750 Collins Ave, 15B	
CITY-ST-ZIP	Miami, FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bercu, Lawrence R.	
STREET ADDRESS	5750 Collins Ave, 15B	
CITY-ST-ZIP	Miami, FL 33140	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bercu, Lawrence R.	
STREET ADDRESS	5750 Collins Ave, 15B	
CITY-ST-ZIP	Miami, FL 33140	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bercu, Lawrence R.	
STREET ADDRESS	5750 Collins Ave, 15B	
CITY-ST-ZIP	Miami, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Lawrence R. Bercu* PAS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00

DATE

Daytime Phone #

CR2E034 (5/00)