## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am § Secretary of State P96000062180 DOCUMENT # 1. Entity Name AIR TRENDS INTERNATIONAL, INC. 05-02-2002 90023 021 \*\*\*150.00 Principal Place of Business Mailing Address 18343 NE 4TH COURT 18343 NE 4TH COURT MIAMI FL 33179 MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0690041 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SISSOM, DAVID Street Address (P.O. Box Number is Not Acceptable 2005 SANS SOUCI BLVD #306 N. MIAMI FL 33181 City Zip Code 3300 Vania 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition SISSOM, DAVID NAME NAME STREET ADDRESS 500 NE 2ND STREET #120 STREET ADDRESS CITY-ST-ZIP DANIA FL 33004 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME SISSOM, LINDA NAME STREET ADDRESS 2118 CALUSA LAKES BLVD STREET ADDRESS CITY-ST-ZIP NOKOMIS FL 34275 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SISSOM, BOB NAME STREET ADDRESS 2118 CALUSA LAKES BLVD STREET ADDRESS CITY-ST-ZIP NOKOMIS FL 34275 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

CR2E034 (9/01

**FILED**