

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2001 90626 029 ***150.00

00056422

DO NOT WRITE IN THIS SPACE

DOCUMENT #					
1. Entity Name ✓ Aircar Holding Corporation					
Principal Place of Business 400 Clematis Street, Suite 207 West Palm Beach, FL 33401			Mailing Address		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0966106	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		
Kahle, Craig U. 1501 Presidential Way, Suite 16 West Palm Beach, FL 33401			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 _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Director ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	Margaritoff, Michael	NAME			
STREET ADDRESS	400 Clematis St., Ste 207	STREET ADDRESS			
CITY-ST-ZIP	West Palm Beach, FL 33401	CITY-ST-ZIP			
TITLE	Director ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	Rich, Barbara	NAME			
STREET ADDRESS	400 Clematis St., Ste. 207	STREET ADDRESS			
CITY-ST-ZIP	West Palm Beach, FL 33401	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			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

CR2E034 (11/00)

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:  **April 26, 2001** (561) 689-1220
SIGNATURE AND TITLE OF PERSON PREPARED BY NAME OF SIGNING OFFICER OR DIRECTOR Date Davison Phone #