

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91288 004 ***158.75

DOCUMENT #K10351

1. Entity Name

Arrow Air, Inc.

Principal Place of Business

Mailing Address

P.O. Box 523726
 Miami, FL 33152

2. Principal Place of Business

3. Mailing Address

2261 NW 67 Avenue
 Suite, Apt. #, etc.
 Bldg. 700, Ste. 214

Suite, Apt. #, etc.

City & State

City & State

Miami, FL 33122

Zip

Country

Zip

Country

33122

4. FEI Number

59-2929045

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0067797

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Richard L. Richards
 2261 NW 67 Avenue
 Miami, FL 33122

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, 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	CD	<input type="checkbox"/> Delete
NAME	Fine, J. Frank	
STREET ADDRESS	2261 NW 67 Avenue	
CITY-ST-ZIP	Miami, FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	Fine, Barry H.	
STREET ADDRESS	2261 NW 67 AVENUE	
CITY-ST-ZIP	Miami, FL 33122	
TITLE	P	<input type="checkbox"/> Delete
NAME	Cabeza, Guillermo J.	
STREET ADDRESS	2261 NW 67 avenue	
CITY-ST-ZIP	Miami, FL 33122	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Cole, Todd G.	
STREET ADDRESS	2261 NW 67 Avenue	
CITY-ST-ZIP	Miami, fl 33122	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	Graham, Lewis C.	
STREET ADDRESS	2261 NW 67 AVENUE	
CITY-ST-ZIP	Miami, FL 33122	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	Bates, Peggy	
STREET ADDRESS	2261 NW 67 Avenue	
CITY-ST-ZIP	Miami, FL 33122	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fine, Barry H.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cabeza, Guillermo J.	
STREET ADDRESS	2261 NW 67 Avenue	
CITY-ST-ZIP	Miami Fl 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richards, Richard L.	
STREET ADDRESS	2261 NW 67 Avenue	
CITY-ST-ZIP	Miami, FL 33122	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Richards 04/26/01 (305) 871-6606

Date

Daytime Phone #

CR2E034 (11/00)