

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 343916

1. Entity Name

AIR SALES INC

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90019 010 \*\*\*150.00

Principal Place of Business

3921 NW 26 ST  
MIAMI FL 33142

Mailing Address

3921 NW 26 ST  
MIAMI FL 33142-6727

C0003891



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 59-3201

Miami Florida

33159

4. FEI Number 59-1556265

Applied For  
(Not Applicable)

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACKEY, KEITH  
3921 NW 26TH  
MIAMI FL 33142

7. Name and Address of New Registered Agent

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

TITLE **D** ☒ Delete  
NAME **MACKEY, KEITH**  
STREET ADDRESS **3921 NW 26 ST**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **P** ☐ Delete  
NAME **ROZA, LESLIE A.**  
STREET ADDRESS **3921 NW 26 ST**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **ST** ☐ Delete  
NAME **BELBAO, PATRICIA**  
STREET ADDRESS **3921 NW 26 ST**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Additor  
NAME **Director**  
STREET ADDRESS **Front Engle**  
CITY-ST-ZIP **3921 NW 26 St**  
**Miami, Fla 33142**

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

TITLE ☐ Change ☐ Additor  
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]* **PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-00 305-479-715