

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90457 049 ***150.00

0619458

DOCUMENT # 4355881. Entity Name
AIREX CORP.Principal Place of Business
**10501 - 10505 S.W. 185 TERRACE
MIAMI FL 33157**Mailing Address
**10501 - 10505 S.W. 185 TERRACE
MIAMI FL 33157**

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 **59-1594727**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GADPAILLE, ANDRE' R
16563 SW 153 CT
MIAMI FL 33187**

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, 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

TITLE **TD** ☐ Delete
NAME **GADPAILLE, JEANETTE R**
STREET ADDRESS **8005 SW 184 TERRACE**
CITY-ST-ZIP **MIAMI FL 33157**TITLE **PM** ☐ Delete
NAME **GADPAILLE, ANDRE R**
STREET ADDRESS **16563 SW 153 CT**
CITY-ST-ZIP **MIAMI FL 33157**TITLE **TDC** ☐ Delete
NAME **GADPAILLE, BARBARA M**
STREET ADDRESS **8005 SW 184 TERRACE**
CITY-ST-ZIP **MIAMI FL 33157**TITLE **SD** ☐ Delete
NAME **GADPAILLE, ERIC A**
STREET ADDRESS **20950 S. W. 83 AVE.**
CITY-ST-ZIP **MIAMI FL 33189**TITLE **VD** ☐ Delete
NAME **GADPAILLE, GARY P**
STREET ADDRESS **22335 SW 100 AVE.**
CITY-ST-ZIP **MIAMI FL 33157**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☒ Change ☐ Addition
NAME **GADPAILLE, ERIC**
STREET ADDRESS **10501 SW 185 TERR**
CITY-ST-ZIP **MIAMI FL 33157**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

JEANETTE R. Gadpaille

Date

3/15/01

Daytime Phone #

305 253-9567

CR2E034 (10/00)