

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 605938**

1. Entity Name

**AIRBOAT HEADQUARTERS, INC.**

Principal Place of Business

**4158 N.W. 132 STREET  
OPA LOCKA FL 33054**

Mailing Address

**4158 N.W. 132 STREET  
OPA LOCKA FL 33054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1904174**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THURMAN, BRENDA  
2851 SW 111TH TERRACE  
DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name

**ALFRED MEKDECI**

Street Address (P.O. Box Number is Not Acceptable)

**4158 N.W. 132<sup>ND</sup> ST.**

City

**OPA-LOCKA (MIAMI) FL**

Zip Code

**33054**

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

**ALFRED MEKDECI, G.M.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**ALFRED MEKDECI****JAN 8<sup>TH</sup> 01**

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	DP	<input type="checkbox"/> Delete
NAME	THURMAN, MICHAEL	
STREET ADDRESS	4158 NW 132ND STREET	
CITY-ST-ZIP	OPA LOCKA FL 33054	

TITLE	GENERAL MANAGER	<input type="checkbox"/> Delete
NAME	ALFRED MEKDECI	
STREET ADDRESS	4158 NW 132 ST	
CITY-ST-ZIP	OPA-LOCKA, FL. 33054	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	GENERAL MANAGER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED MEKDECI	
STREET ADDRESS	4158 NW 132 ST	
CITY-ST-ZIP	OPA-LOCKA, FL. 33054	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**ALFRED MEKDECI****ALFRED MEKDECI****1/8/01****305-685-2933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
Jan 22, 2001 8:00 am  
Secretary of State**

01-22-2001 90089 016 \*\*\*150.00

**00007085**

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)