

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90686 019 ***550.00

U136060 AV

DOCUMENT # 661082

1. Entity Name
KELLSTROM SOLAIR, INC.

Principal Place of Business

3701 FLAMINGO ROAD
HOLLYWOOD FL 33027
US

Mailing Address

3701 FLAMINGO ROAD
ATTN: TAX DEPT
HOLLYWOOD FL 33027
US

Miramar



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL 33027

City & State

Miramar, FL 33027

4. FEI Number

59-2344025

Applied For

Not Applicable

5. Certificate of Status Desired.



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE CENTER
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2002 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	NEDIVI, ZVI	
STREET ADDRESS	3701 FLAMINGO ROAD	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	TORRES, OSCAR	
STREET ADDRESS	3701 FLAMINGO ROAD	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, KALISTER D	
STREET ADDRESS	3701 FLAMINGO ROAD	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	VON HUSEN, FRED	
STREET ADDRESS	3701 FLAMINGO ROAD	
CITY-ST-ZIP	MIRAMAR FL 33027	
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	<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
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02 954-538-2000

Date

Daytime Phone #

CR2E034 (9/01)