

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696166

1. Entity Name

IAL AIRCRAFT HOLDING, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90382 046 ***150.00

Principal Place of Business

Mailing Address

S.E. 12TH ST.
FL 33010

950 S.E. 12TH ST.
HIALEAH FL 33010-5931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2113367

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLK, RHONDA S
950 S E 12TH ST
HIALEAH FL 33010

Name

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

City

FL

33010

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	TIRRI, ANTHONY C SR	
STREET ADDRESS	950 SE 12TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	POLK, RHONDA	
STREET ADDRESS	950 S.E. 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	EBERT, JOHN C	
STREET ADDRESS	950 SE 12TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TIRRI, ANTHONY C JR	
STREET ADDRESS	950 SE 12TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TIRRI, JEAN M	
STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRRI, ANTHONY JR	
STREET ADDRESS	950 SE 12th STREET	
CITY-ST-ZIP	HIALEAH, FL	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 8896217

Date

Daytime Phone #

CR2E034 (9/99)