

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 04, 2001 8:00 am
Secretary of State

05-02-2001 90082 012 ***150.00

DOCUMENT # 696166

1. Entity Name

IAL AIRCRAFT HOLDING, INC.

Principal Place of Business

**950 S.E. 12TH ST.
HIALEAH FL 33010**

Mailing Address

**950 S.E. 12TH ST.
HIALEAH FL 33010**

2. Principal Place of Business

7220 NW 36th Street

3. Mailing Address

7220 NW 36th Street

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

59-2113367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Anthony C. Tirri, Jr.

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

7220 NW 36th Street- Suite 305

City

Miami,

FL

Zip Code

33166

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 refraining)

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	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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRRI, ANTHONY C SR	
STREET ADDRESS	7220 NW 36th Street- Suite 305	
CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRRI, ANTHONY C JR	
STREET ADDRESS	7220 NW 36th Street- Suite 305	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRRI, JEAN M	
STREET ADDRESS	7220 NW 36th Street- Suite 305	
CITY-ST-ZIP	Miami, FL 33166	
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:

Anthony C. Tirri, Jr. 1/10/01 (305) 463-6820 ext. 306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

6289



DO NOT WRITE IN THIS SPACE