

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90127 033 \*\*\*150.00

**DOCUMENT # F02000001975**

1. Entity Name  
**AVATAR AIR INC. OF INDIANA**



Principal Place of Business  
**90 ALTON ROAD, UNIT 3209  
MIAMI BEACH FL 33139**

Mailing Address  
**90 ALTON ROAD, UNIT 3209  
MIAMI BEACH FL 33139**

2. Principal Place of Business  
**1000 South Pointe Dr.**

3. Mailing Address  
**1000 South Pointe Dr.**

Suite, Apt. #, etc.  
**# 2202**

Suite, Apt. #, etc.  
**# 2202**

City & State  
**Miami Beach, FL**

City & State  
**Miami Beach, FL**

Zip Country  
**33139 US**

Zip Country  
**33139 US**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEINERS, LOUIS M JR.  
2598 L'ERMITAGE LANE  
NAPLES FL 34105**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
FEARS, GARY  
90 ALTON ROAD, UNIT 3209  
MIAMI BEACH FL 33139** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
FEARS, GARY  
90 ALTON ROAD, UNIT 3209  
MIAMI BEACH FL 33139** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**3573 S. Ocean Blvd.  
Highland Beach, FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**3573 S. Ocean Blvd.  
Highland Beach, FL 33487**

TITLE  
NAME  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 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

**2/3/03**

Date

**618-346-2600**

Daytime Phone #

CR2E034 (10/02)