

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001082

1. Entity Name

AIR SEA RESCUE TRAINING, INC.

Principal Place of Business

2625 33RD AVE
NORTH ST. PETE FL 33713
US

Mailing Address

BAY STATION 221
BROOKLYN NY 11235
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2257105

Applied For

Not Applicable

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

COMMANDER NAT DEANGELO
2625 33RD AVE
N ST PETE FL 33713

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CPD	<input type="checkbox"/> Delete
NAME	MITCHELL, NICHOLAS RADM	
STREET ADDRESS	BAY STATION 350221 SHEEPSHEAD BAY	
CITY-ST-ZIP	BROOKLYN NY 11235-0221	
TITLE	CV	<input type="checkbox"/> Delete
NAME	CV NAT DEANGELO	
STREET ADDRESS	2625 33RD AVE	
CITY-ST-ZIP	N ST. PETE FL	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	BERLINER, SUSAN	
STREET ADDRESS	153-11 73RD AVENUE APT 3-H	
CITY-ST-ZIP	KEW GARDENS NY 11369	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	MITCHELL, JANET	
STREET ADDRESS	STAR RT. 1	
CITY-ST-ZIP	MARGARETVILLE NY 12455	
TITLE	CASR	<input type="checkbox"/> Delete
NAME	CRISCI, FRED	
STREET ADDRESS	1618 EAST 14TH STREET	
CITY-ST-ZIP	BROOKLYN NY 11229	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 14, 2000

Date

718-648-8738

Daytime Phone #

CR2E037 (5/00)