

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 07, 2000 8:00 am
Secretary of State

06-20-2000 90016 014 ***150.00

DOCUMENT # G19008			
1. Entity Name CRESAIR, INC.			
Principal Place of Business 7501 PEMBROKE ROAD PEMBROKE PINES FL 33023 US		Mailing Address 7501 PEMBROKE ROAD PEMBROKE PINES FL 33023-2579 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SIPLE, MARK 7501 PEMBROKE ROAD PEMBROKE PINES FL 33023		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2265054		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

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 NAME STREET ADDRESS CITY-ST-ZIP	PST SIPLE, MARK 1340 N. W. 161ST AVE PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARK SIPLE 1340 N.W. 161ST AVE PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIPLE, IRIS 1340 N. W. 161ST AVE PEMBROKE PINES FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST IDE AVETIANI 21480 LINCOLN AVE. COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIPLE, DANIEL 1340 N. W. 161ST AVE PEMBROKE PINES FL 33028 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHEN SATZ 616 OCEAN BLVD. GULF BEACH, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP

954 985-8303

CR2EX14 (9/99)

DOC # G19008
307859

FLORIDA SUNCOAST AVIATION, Inc.

North Perry Airport

7501 Pembroke Road

Pembroke Pines, Florida 33023-2579

Phone 954-964-5232 Fax 800-422-1535

Toll Free 800-753-1992



June 29, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Re: V52114 and G19008

Enclosed are photocopies of "Uniform Business Reports" for two of our three corporations that have been returned to us for an additional \$400.00 each. The originals were sent with a letter on June 14th, which explained that we did not receive the reports and that we had to request blanks from your office. When I requested the forms, the lady that I spoke to suggested we enclose a note explaining the situation and that this was the reason we were paying the \$150.00 to renew each corporation.

Would you, therefore, adjust the balance due on these two corporations to zero. Should you have any questions please call us.

Sincerely,

Stephen M. Satz
Vice-President

:cab

Encl.

Corporate Affiliates of

FSA Group, Inc.
www.wcomp.com

Luxury Services International, Inc.
www.luxuryservices.com