

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G42258

1. Entity Name

RAPID AIR & OCEAN, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90182 042 ***150.00

Principal Place of Business

6974 N.W. 12TH STREET
MIAMI FL 33126
US

Mailing Address

6974 N.W. 12TH STREET
MIAMI FL 33166-2100
US

RAPID AIR & OCEAN, INC.
6901 N.W. 81st ROAD, SUITE
MEDLEY, FLORIDA 33168

00013100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8601 NW 81RD #K
Suite, Apt. #, etc.

City & State
MEDLEY FL

Zip Country
33166 FL

3. Mailing Address

4860 SW 193RD LANE
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL

Zip Country
33323 FL

4. FEI Number

59-2301030

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARZILLO, SALVATORE, JR.
6974 NW 12TH ST
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

City

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 SAV ARZILLO JR
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/19/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	ARZILLO, SALVATORE, JR.	4860 S.W. 193RD LANE	FT. LAUDERDALE FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 officers empowered.

SIGNATURE: SAV ARZILLO JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/19/00 PHONE 305-885-1290
Date Daytime Phone #

CR2E034 (9/99)