

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K72855

1. Entity Name
HUB AIR, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90037 017 ***150.00

Principal Place of Business
590 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325
US

Mailing Address
590 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325-6255
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-2940326

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERADSKY, RODD
11073 TOPEKA PL
COOPER CITY FL 33026

Name
Rodd Sheradsky
Street Address (P.O. Box Number is Not Acceptable)
590 Sawgrass Corporate Parkway
Sunrise, FL
City FL Zip Code 33325

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 _____ (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
SHERADSKY, RODD L.
11073 TOPEKA PL
COOPER CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
Rodd Sheradsky
590 Sawgrass Corporate Parkway
Sunrise, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BONNELL, RUSSELL L.
1550 S.W. 139TH AVENUE
DAVIE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000 954-846-1190
Date Daytime Phone #

CR2E034 (9/99)