

AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

06 FILED 02 90184 030 ***61.25
K85136

02 JUL 18 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K85136

1. Entity Name

Lyrix Air International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2525 NW 55th Court

3. Mailing Address

2525 NW 55th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0116593

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Greg Pirrie

Street Address (P.O. Box Number is not acceptable)

2525 NW 55th Court

City

Ft. Lauderdale

FL

Zip Code

33309

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

Greg Pirrie

Signature, typed name and title of registered agent and date if applicable.

(NOTE: Registered Agent signature required when transferring)

07/11/02

DATE

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P/DIC
Kelly, Albert
50 Stirling Road
Warren, NJ 07060

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Demick, Robert
3605 High Pine Drive
Coral Springs, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Southerland, Craig
6781 NW 32nd Avenue
Ft. Lauderdale, FL 33309

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 supplement thereto 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 on an attachment with an address, with a written or electronic signature.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

7/18/02