

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90497 043 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **K89701 ✓**

1. Entity Name
Florida Int'l Aero Expo

Principal Place of Business Mailing Address
1899 Porter Lake Dr. # 105
Sarasota, FL. 34240

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

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

City & State City & State 4. FEI Number **65-0126882** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Ian Howard
1899 Porter Lake Dr.
105
Sarasota, FL. 34240

7. Name and Address of New Registered Agent
 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 **Ian Howard, President** **Ian Howard** **3/28/01**
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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CEO	Mandell, Saul	1899 Porter Lake Dr. #105 Sarasota, FL. 34240				
	PD	Howard, Ian	1899 Porter Lake Dr. #105 Sarasota, FL. 34240				
	VDS	Howard, Wendy	1899 Porter Lake Dr. #105 Sarasota, FL. 34240				
	TDS	Mandell, Evelyn	1899 Porter Lake Dr. #105 Sarasota, FL. 34240				

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: **Ian Howard** **3/28/01** **941-379-2274**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)