

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90071 003 ***158.75

DOCUMENT # L52150

1. Entity Name
MIAMI AIR INTERNATIONAL, INC.

Principal Place of Business
5000 NW 36TH STREET
SUITE 307
MIAMI FL 33122
US

Mailing Address
P O BOX 660880
SUITE 302
MIAMI SPRINGS FL 33266
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0174270**

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

7. Name and Address of New Registered Agent

O'NAGHTEN, JUAN T
2665 S BAYSHORE DR
SUITE 1100 GRAND BAY PLAZA
MIAMI FL 33133

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

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, 2002 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 **DIR** ☐ Delete
NAME **FITZGERALD, BRIAN**
STREET ADDRESS **13590 SW 67 CT**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **C.E.O & President** ☐ Change ☒ Addition
NAME **Douglas R. Fischer**
STREET ADDRESS **7690 SW 127 St.**
CITY-ST-ZIP **Miami, FL 33156**

TITLE **VPO** ☐ Delete
NAME **PROIA, JAMS**
STREET ADDRESS **3600 WASHINGTON LA**
CITY-ST-ZIP **COOPER CITY FL**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DIR** ☒ Delete
NAME **GIURTINO, CHARLES**
STREET ADDRESS **7780 SW 143RD ST**
CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete
NAME **CONSERV, ROBERT**
STREET ADDRESS **5000 NW 36TH ST**
CITY-ST-ZIP **MIAMI FL 33266**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **BM** ☐ Delete
NAME **MORGAN, JAMES**
STREET ADDRESS **1031 EXECUTIVE PARKWAY**
CITY-ST-ZIP **SAINT LOUIS MO 63141**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPM** ☒ Delete
NAME **GEGHARDT, CHARLES**
STREET ADDRESS **5375 CHILLI PEPPER**
CITY-ST-ZIP **LAS VEGAS NV 89118**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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]** **301 874 3630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Brian T. Fitzgerald** **2-18-02**
Date Daytime Phone #

CR2E034 (9/01)