

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 20 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf330

DO NOT WRITE IN THIS SPACE

DOCUMENT # L95000000862

1. Entity Name
THE AIRCAR SYSTEM LIMITED COMPANY

Principal Place of Business Mailing Address
400 Clematis Street
Suite 207
West Palm Beach, FL 33401

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 65-0627275 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Margaritoff, Michael
400 Clematis Street
Suite 207
West Palm Beach, FL 33401

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR Michael Margaritoff 400 Clematis Street, Ste 207 West Palm Beach, FL 33401
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
0000003195330-4
-04/04/00-01077-004
*****50.00 *****50.00
Change Addition
Change Addition
Change Addition
Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael Margaritoff* (561) 655-6669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)