

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90012 021 \*\*\*158.75

**DOCUMENT # L96632**

1. Entity Name

**FLIGHT ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

1380 NW 86 WAY  
 CORAL SPRINGS FL 33071  
 US

1380 NW 86 WAY  
 CORAL SPRINGS FL 33071-6772  
 US

2. Principal Place of Business

3. Mailing Address

**2345 SE 14 Street**  
 Suite, Apt. #, etc.

**2345 SE 14 Street**  
 Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**  
 Zip **33062** Country **USA**

City & State

**Pompano Beach, FL**  
 Zip **33062** Country **USA**

4. FEI Number

**65-0216758**

Applied For  
 Not Applicable

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

**BOWERS, BRUCE**  
**1380 NW 86 WAY**  
**CORAL SPRINGS FL 33071**

Name **Steve Wertheimer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2345 SE 14 Street**  
 City **Pompano Beach FL** Zip Code **33062**

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]*

**SEC/TREAS.**

**4/25/00**

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, 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 **P**  Delete  
 NAME **GOLD, EDWARD**  
 STREET ADDRESS **20976 CIPRES WAY**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **P**  Change  Addition  
 NAME **TONY Ard**  
 STREET ADDRESS **240 SE 28 AVE**  
 CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **DT**  Delete  
 NAME **BOWERS, BRUCE**  
 STREET ADDRESS **1380 NW 86 WAY**  
 CITY-ST-ZIP **CORAL SPGS FL**

TITLE **B**  Change  Addition  
 NAME **Bruce Bowers**  
 STREET ADDRESS **1380 NW 86 WAY**  
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **T**  Delete  
 NAME **BOWERS, BRUCE**  
 STREET ADDRESS **1380 NW 86 WAY**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **S/T**  Change  Addition  
 NAME **Steve Wertheimer**  
 STREET ADDRESS **2345 SE 14 Street**  
 CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE **D**  Delete  
 NAME **SASMON, DIGBE**  
 STREET ADDRESS **2920 NW 25 WAY**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GOLD, EDWARD**  
 STREET ADDRESS **20976 CIPRES WAY**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WIRTHEIME, STEVE**  
 STREET ADDRESS **299 N RIVERSIDE DR., #307**  
 CITY-ST-ZIP **POMPANO BCH FL**

TITLE  Change  Addition  
 NAME  
 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/00**  
 Date

**954-974-0003**  
 Daytime Phone #

CR2E034 (9/99)