2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # M07650** Jan 20, 2000 8:00 am **Secretary of State** AIR TRADERS, INC. 01-20-2000 90220 045 ***158.75 Principal Place of Business Mailing Address P O BOX 52-6126 7925 NW 29TH ST MIAMI FL 33152-6126 MIAMI FL 33122 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2463661 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired. _________ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEID, FRED C. Street Address (P.O. Box Number is Not Acceptable) 12104 S.W. 109TH COURT MIAMI FL 33176 10233 SW 26 STREET 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. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PST** ■ Addition Delete TITLE HEID, FRED C. NAME NAME 12104 SW 109TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change ☐ Delete TITLE HEID, FRED C. NAME NAME STREET ADDRESS 12104 SW 109TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 only like empowered.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR