

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M13874

1. Entity Name

CEL-AIR, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90002 013 \*\*\*150.00

Principal Place of Business

Mailing Address

2300 W OAKLAND PARK BLVD.  
SUITE 300  
FT LAUDERDALE FL 33311  
US

2300 W OAKLAND PARK BLVD.  
SUITE 300  
FT LAUDERDALE FL 33311-1418  
US

80008888



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2498250

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

PICCININNI, ALFRED  
2300 W OAKLAND PARK BLVD.  
SUITE 300  
FT LAUDERDALE FL 33311

Name FITZGERALD, ROBERT  
Street Address (P.O. Box Number is Not Acceptable)  
3551 SW 116th AVE  
City DAVIE FL Zip Code 33317

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, 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	TD	<input type="checkbox"/> Delete
NAME	BERCUN, MICHAEL	
STREET ADDRESS	1825 NE 117 ROAD	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PICCININNI, ALFRED	
STREET ADDRESS	5821 NW 79 WAY	
CITY-ST-ZIP	PARKLAND FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FITZGERALD, ROBERT	
STREET ADDRESS	3551 SW 116 AVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BERCUN, M	
STREET ADDRESS	1825 NE 117 RD	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00

954 485 4400