

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90387 007 \*\*\*150.00

**DOCUMENT # M28565**

**1. Entity Name**  
**FRESCO-AIR SERVICE, INC.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
15476 NW 77 CT STE 351 MIAMI FL 33016 US	15476 NW 77 CT STE 351 MIAMI LAKES FL 33016 US

**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**      **59-2662871**

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**

**RAYVIS, MYRON J.**  
**8821 S.W. 69 CT.**  
**MIAMI FL 33156**

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**      **PD**      ☐ Delete  
**NAME**      **RODRIGUEZ, JUAN CARLOS**  
**STREET ADDRESS**      **8154 NW 192 ST**  
**CITY-ST-ZIP**      **MIAMI FL**

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

**TITLE**      **S**      ☐ Delete  
**NAME**      **RODRIGUEZ, GEORGINA**  
**STREET ADDRESS**      **577 W 43 PL**  
**CITY-ST-ZIP**      **HIALEAH FL**

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

**TITLE**      **VPO**      ☒ Delete  
**NAME**      **CABANAS, ARMANDO**  
**STREET ADDRESS**      **16401 SW 95 ST**  
**CITY-ST-ZIP**      **MIAMI FL 33196**

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

**TITLE**      ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**      ☐ Delete  
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**CITY-ST-ZIP**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

(305) 557 2140

Daytime Phone #

0140962 AV

0140962

CR2E034 (9/01)