

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90226 042 \*\*\*150.00

0288693 AV

**DOCUMENT # M30098**

1. Entity Name  
**AIR MANAGEMENT SYSTEMS, INC.**



Principal Place of Business  
**101 N.W. 176TH STREET  
MIAMI FL 33169**

Mailing Address  
**101 N.W. 176TH STREET  
P. O. BOX 693021  
MIAMI FL 33169  
US**



2. Principal Place of Business  
**16215 NW 15th Ave.**

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL.**

City & State

Zip  
**33169**

Country  
**USA**

4. FEI Number  
**59-2665060**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HIGHTOWER, CHRISTOPHER T**  
**101 N.W. 176TH STREET**  
**MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name  
**2960**

Street Address (P.O. Box Number is Not Acceptable)

City  
**7270.11**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>HIGHTOWER, JAMES M</b> <b>101 N.W. 176TH STREET</b> <b>MIAMI FL 33169</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>HIGHTOWER, CHRISTOPHER T</b> <b>101 N.W. 176TH STREET</b> <b>MIAMI FL 33169</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CHRISTOPHER T. HIGHTOWER** 4/14/03 305651-0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)