

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90044 001 ***150.00

DOCUMENT # M63901

1. Entity Name

AIR SYSTEMS DISTRIBUTORS, INC.

Principal Place of Business

5600 NW 84TH AVE
MIAMI FL 33166
US

Mailing Address

5600 NW 84TH AVE
MIAMI FL 33166
US

2. Principal Place of Business

2151 W. Hillsboro Blvd.

3. Mailing Address

2665 S. BAYSHORE DR.

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

901

City & State

Deerfield Beach, FL

City & State

COCONUT GROVE, FL

Zip

33442

Country

US

Zip

33133

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2860432

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOGAN, BARRY S
2665 SOUTH BAYSHORE DR., SUITE 901
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PITTALUGA, JOHN C.	
STREET ADDRESS	5600 NW 84TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, JUAN C	
STREET ADDRESS	5600 NW 84TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOGAN, BARRY S	
STREET ADDRESS	2665 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANA MENENDEZ	
STREET ADDRESS	2665 S. BAYSHORE DR. #901	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN PALMESE	
STREET ADDRESS	2665 S. BAYSHORE DR #901	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
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		
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: *Dan Palmese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN PALMESE

03/28/01

Date

305-714-4119

Daytime Phone #

CR2E034 (10/00)