## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 07, 2002 8:00 am Secretary of State P00000013813 DOCUMENT # 1. Entity Name AIR GUYANA, INC. 02-07-2002 90157 023 \*\*\*158.75 Principal Place of Business Mailing Address 3802 N.W. 32ND AVENUE 3802 N.W. 32ND AVENUE MIAMI FL 33142 **MIAMI FL 33142** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable 65-107377 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMBARRAN, HARRY Street Address (P.O. Box Number is Not Acceptable) 1570 S. W. 155TH AVE DAVIE FL 33326 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) DORNANT -Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition RAMBARRAN, HARRY NAME NAME 1570 S. W. 155TH AVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33331 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change ROSHANALI, RAMZAN NAME NAME 3550 S.W. 124TH AVENUE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RAMCHARITAR, HILTON N NAME NAME 13761 APPALACHIAN TRAIL STREET ADDRESS STREET ADDRESS DAVIE FL 33325 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP 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

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

changed, or on an attachment with an address, with all other like empowered

JAN. 22ND. 2002 (954) 452-5050

Date Daytime

**FILED**