

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 90018 021 ***158.75

DOCUMENT # P00000020663

1. Entity Name
AAA AIR SERVICE INC.

Principal Place of Business

**4501 NW 103RD AVE.
 SUNRISE FL 33351**

Mailing Address

**4501 NW 103RD AVE.
 SUNRISE FL 33351**

2. Principal Place of Business

4501 N.W. 103rd AVE

Suite, Apt. #, etc.
#104

City & State
SUNRISE FL

Zip
33351

Country

3. Mailing Address

4501 N.W. 103rd AVE

Suite, Apt. #, etc.
#104

City & State
SUNRISE FL

Zip
33351

Country

4. FEI Number

65-1019983

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FALLS, MICHAEL B
 731-1 NE 12 TERRACE
 BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name

MICHAEL B. FALLS

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

4501 N.W. 103rd AVE #104

City

SUNRISE

FL

Zip
33351

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 **Michael Falls as President** **4/26/01**
 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 **PVD** ☐ Delete
 NAME **FALLS, MICHAEL B**
 STREET ADDRESS **731-1 NE 12 TERRACE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
 NAME **FALLS, MICHAEL B**
 STREET ADDRESS **4501 N.W. 103rd AVE #104**
 CITY-ST-ZIP **SUNRISE FL 33351**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **Michael Falls as President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)