

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038895

1. Entity Name

AIR MANAGEMENT SUPPORT INC.

Principal Place of Business

9450 SUNSET DR., SUITE 204
MIAMI FL 33173

Mailing Address

9450 SUNSET DR., SUITE 204
MIAMI FL 33173

2. Principal Place of Business

9300 South Dixie Hwy
Suite, Apt. #, etc.
205

3. Mailing Address

9300 S. Dixie Hwy
Suite, Apt. #, etc.
205

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-1000952

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, KARINA P
9450 SUNSET DR., SUITE 204
MIAMI FL 33173

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

Karina Quintana

(NOTE: Registered Agent signature required when reappointing)

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	D	☐ Delete
NAME	QUINTANA, KARINA P	
STREET ADDRESS	9450 SUNSET DR., SUITE 204	
CITY-ST-ZIP	MIAMI FL 33173	
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		☐ 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 an officer like empowered.

SIGNATURE:

Karina Quintana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/01

Daytime Phone #

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90008 015 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1000)