2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000046034

1/19/01-

FILED Feb 09, 2001 8:00 am Secretary of State

Maling Address TWD SNA RDTN AVE SOPER CITY FT. 50399 2. Principal Place of Business SUB, Age J. et al. Suite, Agr. #, etc. City & State Contry 3 3 3 3 2 8 Contry 3 3 3 3 2 8 Contry 3 3 3 3 2 8 Contry 3 5 3 3 2 8 Contry 3 5 5 6 5 6 5 6 5 7 0 0 5 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. Entity Name AIRSIDE CONSTRUC	TION SERVICES,	INC.	·			cretar -19-2001 900	-	
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Superior	City & State	<u> </u>		r F1.	4. FE	Number	402	<u> </u>	
Size Address (P.O. Box Number is Not Acceptable)	Zip	Country	^{Zio} 33328	Country U.S			sized []		
SIEGLER, RAMONDA 5760 SW 89TH AVE: COOPER CITY FL 33328 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 Dente: Invel or presented agent and title 4 spokes. Note: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Invel or presented agent and title 4 spokes. Note: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Invel or presented agent and title 4 spokes. Note: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Invel or presented agent and title 4 spokes. Note: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Invel or presented agent and title 4 spokes. Note: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Invel or presented agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATURE Dente: Registered Agent, or both, in the State of Florida. SIGNATUR	6. Name an	d Address of Current F	legistered Agent	Name	7 Na	rms and Address of	New Registered A	gent	
STRET ADDRESS COTT-ST-2P TITLE MAKE STRET ADDRESS COTT-ST-2P TITLE	ZIEGLER, RAMONI	DA .		L	000 /P O. Bo	v Number is Not Ass	eniable)		
R. 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 topical in prince name of registered agent and to it if application. (NOTE: Registered Agent sporture required man redication)	- 5760 SW 88TH AV	E	الوالد للمستهدد المستهدد	Street Addi	ess (r .O. 00	X Halipas is Hol Aco			
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. Inside or most of registered office or registered agent, or both. In the State of Florida. 9. This corporation is eligible to statisfy its intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00	COUPER CHY FL	33328	·	<u>'</u>				1 = 0-4	
SIGNATURE S. This corporation is eligible to satisty its intangible FILE NOW!!! FEE IS 3150.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees (See Criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees (See Criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees (See Criteria on back) Trust Fund Contribution. Added to Fees (See Criteria on back) Trust Fund Contribution. Added to Fees (Trust Fund Contribution. Added to Fund Contribution. Added to Fees (Trust Fund Contribution. Addition. Addit	•			City			FL	Zip Code	,
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CIONATURE -1/ 000000/20/20/20/20/20/20/20/20/20/20/20/	Indicated on this report of	x supplemental report is	true and accurate and mat mawered to execute this report a	ny signature shan navi as required by Chapti	er 607, Florid	la Statutes; and that			