

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90853 043 ***150.00

DOCUMENT # P00000046034

1. Entity Name
AIRSIDE CONSTRUCTION SERVICES, INC.



Principal Place of Business
**2450 W 82 STREET
STE 101
HIALEAH FL 33016X8**

Mailing Address
**5760 SW 88TH AVE.
COOPER CITY FL 33328**



2. Principal Place of Business
5000 NW 36 St
Suite, Apt. #, etc.
210

3. Mailing Address
5760 SW 88 Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FLA.
Zip
33166
Country
USA

City & State
Cooper City, FLA.
Zip
33328 FLA
Country
U.S.A.

4. FEI Number **65-1005402**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZIEGLER, RAMONDA
2450 E 82 STREET
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name **RAMONDA ZIEGLER**
Street Address (P.O. Box Number is Not Acceptable)
5000 NW 36th St Suite 210
City **MIAMI** FL Zip Code **33166**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE **Ramonda Ziegler**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/10/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZIEGLA, RAMANDO 5760 SW 88TH AVE. COOPER CITY FL 33328 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RAMONO, ZIAGLER 2450 W 82 STREET HIALEAH FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMONO, ZAGLER 2450 W 82 STREET STE 121 HIALEAH FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President RAMONDA ZIEGLER 5760 S.W. 88 AVE COOPER CITY, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary RAMONDA ZIEGLER 5000 N.W. 36th Suite 210 MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer RAMONDA ZIEGLER 5000 N.W. 36th Suite 210 MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ramonda Ziegler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03 954-818-0105

CR2E034 (10/02)