

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90127 017 \*\*\*158.75

NOTARY AV

**DOCUMENT # P00000076984**

1. Entity Name  
**STATUSAIR MIAMI, CORP.**

Principal Place of Business

**20533 BISCAYNE BLVD  
#364  
AVENTURA FL 33180  
US**

Mailing Address

**20533 BISCAYNE BLVD  
#364  
AVENTURA FL 33180  
US**

**80031784**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1033205**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**CEDENO, EDGAR  
4279 FOX TAIL LANE  
WESTON FL 33331**

## 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

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	EROZA, RICARDO	20533 BISCAYNE BLVD #364	AVENTURA FL 33180	<input type="checkbox"/>
VP	EROZA, GERADO	20533 BISCAYNE BLVD #364	AVENTURA FL 33180	<input type="checkbox"/>
S	EROZA, PATRICIA M	20533 BISCAYNE BLVD #364	AVENTURA FL 33180	<input type="checkbox"/>
T	EROZA, PATRICIA	20533 BISCAYNE BLVD #364	AVENTURA FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<i>Eroza, Ricardo</i>			<input checked="" type="checkbox"/>
	<i>Eroza, Gerardo</i>			<input checked="" type="checkbox"/>
	<i>Eroza, Patricia M.</i>			<input checked="" type="checkbox"/>
	<i>Eroza, Patricia</i>			<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)