

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90018 029 \*\*\*158.75

0566087 AT

**DOCUMENT # P00000100777**

1. Entity Name

**AIRRAS AVIATION CORPORATION**

Principal Place of Business

**6623 NW 180 TERRACE  
 MIAMI FL 33015**

Mailing Address

**6623 NW 180 TERRACE  
 MIAMI FL 33015**

2. Principal Place of Business

**P.O. Box 998496  
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 998496  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

4. FEI Number

**36-4399601**

Applied For

Not Applicable

Zip

**33299**

Country

**USA**

Zip

**33299**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**RICHARDSON, RASHEME  
 6623 NW 180 TERRACE  
 MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name

**RASHEME RICHARDSON**

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

**18901 SW 128TH AVE**

City

**MIAMI**

FL

Zip Code

**33177**

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]*

*PASADOUR/COO.*

*01/10/02.*

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 ☐ Delete  
 NAME **D RICHARDSON, RASHEME**  
 STREET ADDRESS **6623 NW 180 TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 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 **P. RICHARDSON, RASHEME**  
 STREET ADDRESS **18901 SW 128TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33177**

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

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

TITLE ☐ Change ☐ Addition  
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 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/15/02*  
 Date

*305 801-4721*  
 Daytime Phone #

CR2E034 (9/01)