

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105122

1. Entity Name

AIRLINE INVESTIGATION UNIT, INC.

Principal Place of Business

7342 SW 48 STREET STE 103
MIAMI FL 33155

Mailing Address

7342 SW 48 STREET STE 103
MIAMI FL 33155

2. Principal Place of Business

7722 CAMINO REAL

3. Mailing Address

7722 CAMINO REAL

Suite, Apt. #, etc.

E-318

Suite, Apt. #, etc.

E-318

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

6. Name and Address of Current Registered Agent

ESTIME, GILBERT

17454 SW 79 CT.

MIAMI FL 33157

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, 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 NAME ☐ Delete
P COSTANZO, LAURENCE
STREET ADDRESS 7342 SW 48 STREET STE 103
CITY-ST-ZIP MIAMI FL 33155

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
P COSTANZO, LAURANCE
STREET ADDRESS 7722 CAMINO REAL, E-318
CITY-ST-ZIP MIAMI, FL 33143

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Laurence Costanzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

305-271-1230

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)