

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030521

1. Entity Name

AIR OF MIAMI, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 30 AM 9:31

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14344 SUN BAY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

14344 SUN BAY DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32824

Country

City & State

ORLANDO, FLORIDA

Zip

32824

Country

4. FEI Number

65-1986113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MR. PEDRO A. COLON

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

13013 PRAIRIE MEADOWS DRIVE

City

ORLANDO

FL

Zip Code

32827

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

Mr. Pedro A. Colon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 29/2003

DATE

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

PRESIDENT
DEMEIZ, FRANKLIN
14344 SUN BAY DRIVE
ORLANDO, FLORIDA 32824

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
TERAN, YHENNY
14344 SUN BAY DRIVE
ORLANDO, FLORIDA 32824

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29/2003

Date

Daytime Phone #

CR2E0348 (12/02)

10/30/03