## 2002 Uniform Business Report (UBR)

## Mar 13, 2002 8:00 am P01000084216 DOCUMENT # **Secretary of State** 1. Entity Name AIR SUPERIORITY FUELS, INC. 03-13-2002 90118 010 \*\*\*150.00 Principal Place of Business Mailing Address 13821-MUSTANG TRAIL 19921-MUSTANG TRAIL FORT-LAUDERDALE FL 33330 FORT-LAUDERDALE FL 33330 3. Mailing Address 7750 YINES 2. Principal Place of Business BLVD. 750 PINES BLUD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For PINES FL 65-Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISCHLER, MICHAEL A ESQ Street Address (P.C) Box Number is Not FISCHLER & FRIEDMAN, P.A. 7.5p 116-SE-6TH-COURT FORT LAUDERDALE FL 33301 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 4 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VICE PRESIDENT CR2E034 (9/01) Addition TITLE ☐ Delete TITLE VRÁSTIL, WILLIAM NAME 13821 MUSTANG TRAIL STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33330 CITY-ST-ZIP CITY-ST-ZIP / PRESIDENT ☐ Delete TITLE ☐ Change ☐ Addition VRÁSTIL, TERRI NAME NAME 13821 MUSTANG TRAIL STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33330 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP The Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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