FILED Sep 23, 2002 8:00 am Secretary of State

09-03-2002 90167 018 ***150.00

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PROCESO OU LASS

1. Entity Name						
AIRCOM HANAGEMENT						
		•	•			
	•	- 		·		
	DO NOT WRITE	IN THIS SP	PACE			
2. Principal Place of Business		3. Mailing Address 61 S. W. 94th Au P. Pines Flo 33025			E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		.5	DO NOT WRITE IN THIS SPACE	
City & State		City & State			4 FFI Museban	Applied For
Only & State		PEMBROKE PINES FLO.		4. FEI Number 650454148	Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional
		33025	BROWA		7:-Name and Address of Current Registered	Fee Required
Name:						
	RITE	Street /	ddress (F	O. Box Number is Not Acceptable)		
	ACE	fall	5.0	2 dear Bright		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- -,,-	City			· Zin Code
			KEM		re Privés FL	Zip Code 33025
8. The above named entity submits the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE TOTAL AND MOUCH					8-19	-02 .
	Signature, typed or printed name of registered agent a	<u> </u>	Registered Agent signa		when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so After May 1, Fee is \$550.00 After May 1, Fee is \$550.00					10. Election Campaign Financing	\$5.00 May Be
(See criteria on back) Make Check Payable t					Trust.Fund Contribution 🔲	Added to Fees
11. OFFICERS AND DIRECTORS						
TITLE NAME	PRESIDENT. DINA		TITLE NAME		-	
STREET ADDRESS	611 S. W. 94th AU		STREET ADDRESS		,	
CITY-ST-ZIP	PEMBROKE PINES	5 Flo 33025	CITY-ST-ZIP			· ,
TITLE N ame			TITLE • NAME			
STREET ADDRESS			STREET ADDRESS	ĺ		
CITY-ST-ZIP			-CITY-ST-ZIP -			
TITLE NAME			TITLE NAME		•	
STREET ADDRESS			STREET ADDRESS	. ·	DO NOT WEIT	re
CJTY-ST-ZIP			CITY-ST-ZIP	<u></u>	DO NOT WRIT	
TITLE Name			TATLE NAME		IN THIS SPAC	E
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-SI-ZIP			
TITLE			TITLE NAME		•	}
STREET ADDRESS			STREET ADDRESS			}
CITY-ST-ZIP	······································		CITY-ST-ZIP			
TITLE Name			TITLE .			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CHY-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

Affachment

AIRCOM MANAGEMENT 61 1S.W.94th AVE. P. Pines Flo. 33025

8/20/02

Dear Sirs,

I was told to let you know that having not received any previous correspondance from you, I am enclosing 150 dls. for the corp.

A. Dary.

Sincerely,

Dinah A. Darcy