

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015567

1. Entity Name

AIR ASSIST INTERNATIONAL INC.

Principal Place of Business

Mailing Address

3030 SW 28TH ST
MIAMI FL 33133

P.O. BOX 330525
MIAMI FL 33233

2. Principal Place of Business

2666 TIGER TAIL AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 212

City & State

MIAMI, FL

Zip

33133

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

KEISTER, MICHAEL
3030 SW 28TH ST
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: GARY ALEXANDER CPA.
Street Address (P.O. Box Number is Not Acceptable): 8201 PETERS ROAD STE 1000
City: PLANTATION FL Zip Code: 33324

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: GARY ALEXANDER CPA

9/1/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS KEISTER, MICHAEL 3030 SW 28TH ST. MIAMI FL 33233 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KEISTER, DONALD W 3030 SW 28TH ST. MIAMI FL 33133 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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: MICHAEL KEISTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-2001 3058718484

Date

Daytime Phone #

FILED
01 SEP -6 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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