

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**  
 07-24-2001 90010 017 \*\*\*550.00

0063386  
 AV

**DOCUMENT # P94000023599**

1. Entity Name  
**BIMINI ISLAND AIR, INC.**

Principal Place of Business  
**1625 W COMMERCIAL BLVD**  
**HANGAR 16**  
**FT LAUDERDALE FL 33309**  
**US**

Mailing Address  
**1625 W COMMERCIAL BLVD**  
**HANGAR 16**  
**FT LAUDERDALE FL 33309**  
**US**

2. Principal Place of Business  
**1745 NW 51 PLACE**  
 Suite, Apt. #, etc.  
**HANGAR 73**  
 City & State  
**FT LAUDERDALE FL**  
 Zip  
**33309**  
 Country  
**US**

3. Mailing Address  
**1745 NW 51 PLACE**  
 Suite, Apt. #, etc.  
**HANGAR 73**  
 City & State  
**FT LAUDERDALE FL**  
 Zip  
**33309**  
 Country  
**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0688951** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KULATZ, CONRAD S**  
**633 SE THIRD AVE #4R**  
**FORT LAUDERDALE FL 33301**

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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>PD</b> <b>O'BRIEN, MICHAEL J</b> <b>1625 W. COMMERCIAL BLVD</b> <b>FT LAUDERDALE FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>O'Brien, Michael J.</b> <b>1745 NW 51 PLACE</b> <b>FT LAUDERDALE, FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 J. O'Brien* **Michael J. O'Brien President 7/19/01 (954) 938-8991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)