2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90016 032 ***150.00

DOCUMENT # P94000046670

1. Entity Name

ACME AIR OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
225 S.W. 33RD ST. FT LAUDERDALE FL 33315	225 S.W. 33RD ST. FT LAUDERDALE FL 33315-3327

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2046 N E 15 ST Suite, Apt. #, etc.
City & State	City & State: Ft Laud. FL
Zip / Country	Zip: 33304 / Country

4. FEI Number 65-0523878 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YAROSH, ARTHUR R
225 S.W. 33RD ST.
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name: Robert Broyles
Street Address (P.O. Box Number is Not Acceptable): 2046 N.E. 15 ST
City: Ft Lauderdale FL Zip Code: 33304

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: [signature] ROBERT T. BROYLES PRESIDENT 2/6/00
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, 2000 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	~~DRV~~ YAROSH, ARTHUR R 225 S.W. 33RD ST. FT LAUDERDALE FL 33315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P BROYLES, ROBERT 2046 N.E. 15 ST. FT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP Clawges Joseph V. III 1719 SE 13 ST Ft. Lauderdale, Fl 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
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CR2E034 (9/99)

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: [signature] ROBERT T. BROYLES 2/6/00 954/368-9194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #