

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P95000052030

1. Entity Name

ABOVE AIR, INC.

Principal Place of Business

Mailing Address

1717 SWIST WAY
STE 37
DEERFIELD BCH FL 33441

7525 N.W. 61ST TERRACE, #3401
PARKLAND FL 33067-2402

FILED

Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90075 010 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7525 N.W. 61st Terr
Suite, Apt. #, etc.
3401

9835-16 Lake Worth Rd.
Suite, Apt. #, etc.
PMB-111

City & State
Parkland, FL

City & State
Lake Worth, FL

Zip
33067

Country
U.S.A.

Zip
33467

Country
B.S.A

4. FEI Number

65-0592854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MARINO, CHRISTOPHER
7525 N.W. 61ST TERRACE, #3401
PARKLAND FL 33067

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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
VP
BISHOP, CECILIA J
9312 BERT PINE CIRC. E.
LAKE WORTH FL 33487

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
Marino, Christopher
7525 N.W. 61st Terr., #3401
Parkland, FL 33067

☐ Delete

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☐ Change ☐ Addition

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:

Cecelia Bishop - Cecelia J. Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-
341-0816

CR2E034 (9/99)