

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0035676

DOCUMENT # P95000057274

1. Entity Name
TAMAIR AIRCRAFT CORP.

04-06-2001 90044 048 ***150.00

| | |
|---|---|
| Principal Place of Business 14250 SW 136 STREET SUITE 3 MIAMI FL 33186 US | Mailing Address 14250 SW 136 STREET SUITE 3 MIAMI FL 33186 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------|--------------|---|---------------------------------------|
| City & State | City & State | 4. FEI Number 65-0607511 | Applied For |
| Zip | Country | Zip | Country |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GROSSMAN, MARK D
5201 BLUE LAGOON DRIVE
#100
MIAMI FL 33126

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | VSD | TITLE | |
| NAME | LIEB, CHRISTINE | NAME | |
| STREET ADDRESS | 14250 SW 136 STREET #3 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33186 | CITY-ST-ZIP | |
| TITLE | PTD | TITLE | |
| NAME | LIEB, KURT | NAME | |
| STREET ADDRESS | 14250 SW 136 STREET #3 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33186 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-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 Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: **Ch. Lieb** Date: **04/04/01** Daytime Phone #: **305-251-9771**

CR2E034 (10/00)