

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90007 001 ***150.00

DOCUMENT # P95000092410

1. Entity Name

UP IN THE AIR INVESTMENTS, INC.

Principal Place of Business

**2665 S BAYSHORE DR SUITE 603
MIAMI FL 33133**

Mailing Address

**2000 S. BAYSHORE DR.
VILLA #41
MIAMI FL 33133**

2. Principal Place of Business

100 SE Second Street

3. Mailing Address

100 SE Second Street

Suite, Apt. #, etc.

Suite 4000

Suite, Apt. #, etc.

Suite 4000

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0672871

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MADORSKY, MARSHA G
2665 S BAYSHORE DR SUITE 603
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

Marsha G. Madorsky

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

100 SE Second Street**Suite 4000**

City

Miami

FL

Zip Code
33131

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 reinstating)

DATE

2-28-019. 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MADORSKY, MARSHA G	
STREET ADDRESS	2000 S. BAYSHORE DR. , VILLA #41	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR**2-28-01**

Date

305-530-0050

Daytime Phone #

CR2E034 (10/00)