

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051468

1. Entity Name
KAMAIR AVIATION, INC.

FILED

00 SEP 26 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADD 26836

Principal Place of Business
8801 JOHNSON ST
PEMBROKE PINES FL 33024

Mailing Address
8801 JOHNSON ST
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0743629**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BUTLER, BRUCE S
9709 W SAMPLE ROAD
CORAL SPRINGS FL 33085~~

new →

Name **Siegel & Associates, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
70151 N.W. 5th St. Suite 101

coral springs, FL

FL

33065
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 *Steven Siegel*

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 **D** Delete
NAME **SALEHI, KAMBIZ**
STREET ADDRESS **8801 JOHNSON ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

Change Addition
400003423384
-10/12/00--01081--007
******400.00 ****400.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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TITLE Change 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)(f), 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 REQUIRED K. Sell** **8-15-2000** **(561) 848-7095**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P.P.S

CR2E034 (5/00)