

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90044 001 ***150.00

DOCUMENT # P97000098576

1. Entity Name

ARCHON AIR MANAGEMENT, CORP.

Principal Place of Business

**4300 SW 97TH AVE
 MIAMI FL 33165
 US**

Mailing Address

**4300 S.W. 97TH AVENUE
 MIAMI FL 33165**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9346 NW 13 ST

3. Mailing Address

9346 NW 13 ST

Suite, Apt. #, etc.

BOX 24

Suite, Apt. #, etc.

BOX 24

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0794820

Applied For

Not Applicable

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ROMERO, CARLOS

4320 S.W. 95TH COURT

MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

ROMERO, CARLOS

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

8300 SW 118 TER.

City

MIAMI

FL

Zip Code

33156

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

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	UGARDE, LOIS A	
STREET ADDRESS	9255 SW 38TH ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROMERO, CARLOS	
STREET ADDRESS	4320 SW 95TH CT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UGARDE, LOIS	
STREET ADDRESS	9255 SW 38 ST	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, CARLOS	
STREET ADDRESS	8300 SW 118 TER.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

LOIS A UGARDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 (300) 592-8552

CR2E034 (9/01)