

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058181

1. Entity Name

FLORIDA AIR SALES, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90193 001 ***150.00

Principal Place of Business

Mailing Address

9115 SW 113 PLACE CIRCLE WEST
MIAMI FL 33176

9115 SW 113 PLACE CIRCLE WEST
MIAMI FL 33176-1183

2. Principal Place of Business

3. Mailing Address

10845 SW 112 Avenue
Suite, Apt. #, etc.

10845 SW 112 Avenue
Suite, Apt. #, etc.

Suite 217

Suite 217

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33176

USA

33176

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLAN, JOHN
9115 SW 113 PLACE CIRCLE WEST
MIAMI FL 33155

Name

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

10845 SW 112 Ave, Suite 217
City Miami, FL Zip Code 33176

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, 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	D NOLAN, JOHN L 9115 SW 113 PLACE CIRCLE WEST MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10845 SW 112 Ave, Suite 217 Miami, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, BARBARA 9115 SW 113 PLACE CIRCLE WEST MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10845 SW 112 Ave, Suite 217 Miami, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

Barbara W. Nolan (Barbara W. Nolan) 4/10/2000 (305) 279-7569