

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058181

1. Entity Name

FLORIDA AIR SALES, INC.

Principal Place of Business

10845 SW 112 AVE
STE 217
MIAMI FL 33176

Mailing Address

10845 SW 112 AVE
STE 217
MIAMI FL 33176

2. Principal Place of Business

606 Bald Eagle Drive
Suite, Apt. #, etc.

Suite 620

City & State
Marco Island, Florida

Zip Country
34145 U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90128 038 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0846710

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOLAN, JOHN
10845 112 AVE STE 217
MIAMI FL 33176

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 _____
(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, 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 ☐ Delete
NAME NOLAN, JOHN L
STREET ADDRESS 10845 SW 112 AVE STE 217
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ Delete
NAME NOLAN, BARBARA
STREET ADDRESS 10845 SW 112 AVE STE 217
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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

4/2/01 (305) 279-7569

Daytime Phone #

CR2E034 (10/00)

022189