

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90214 035 \*\*\*150.00

DOCUMENT # P98000082570

1. Entity Name

Caz - Air, INC. ✓

Principal Place of Business

Mailing Address

200 Leslie DR.  
 #1021

200 Leslie DR.  
 #1021

Hallandale, FL 33009

Hallandale, FL 33009

2. Principal Place of Business

3. Mailing Address

200 Leslie DR.

Same as above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1021

City & State

City & State

Hallandale FL

Zip

Country

Zip

Country

33009

Broward

4. FEI Number

65-0869530

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

A0065416

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Libo B. Fineberg, ESQ.  
 3500 Gateway Drive  
 Ste 1201  
 Pompano Beach, FL 33069

Name

Louis Cazetta

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

200 Leslie DR. #1021

City

Hallandale

FL

Zip Code

33009

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)

4/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Pres. Sec. Treas.	Louis Cazetta	200 Leslie DR. #1021	Hallandale, FL 33009	<input type="checkbox"/>
	Theresa Butler	200 Leslie DR. #1021	Hallandale, FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>

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

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

Louis Cazetta

Date

Daytime Phone #

4/26/01

CR2E034 (1/1/00)