

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082570

1. Entity Name

Caz - Air, INC.

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

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

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

200 Leslie Dr.

3. Mailing Address

Same as above.

Suite, Apt. #, etc.

#1021

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

Zip

33009

Country

Broward

Zip

Country

4. FEI Number

65-0869530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

A0065416

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Louis Cazella

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)

Louis Cazella

4/26/01

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Cazella

4/26/01

Date

Daytime Phone #

CR2E034 (11/00)