

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90134 039 ***150.00

U391255 AV

DOCUMENT # P98000085047

1. Entity Name

NINAIR, INC.

Principal Place of Business

**118-A N 'G' STREET
A
LAKE WORTH FL 33460**

Mailing Address

**PO BOX 806
806
LAKE WORTH FL 33460**



2. Principal Place of Business

1118-A North 'G' Street

3. Mailing Address

Suite, Apt. #, etc.

A

City & State

Lake Worth, FL

City & State

Zip

33460

Country

USA

Country

USA

4. FEI Number

65-0874255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JOKINEN, TEPP0 K

**1118-A NORTH 'G' STREET
LAKE WORTH FL 33460**

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

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 **PRS** ☐ Delete
NAME **JOKINEN, TEPP0 K**
STREET ADDRESS **1118-A NORTH 'G' STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **TREASURER** ☒ Change ☐ Addition
NAME **Randy Meadows**
STREET ADDRESS **1118 West 24th St.**
CITY-ST-ZIP **Riveria Beach, FL. 33404**

TITLE **VICE PRES** ☐ Change ☒ Addition
NAME **RENE G. LACERTE**
STREET ADDRESS **1715 CARSON AVE**
CITY-ST-ZIP **LAKE WORTH, FL. 33460**

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
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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/01 436-7327

CR2E034 (9/01)