

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90144 009 \*\*\*150.00

U1413/9

**DOCUMENT # P99000049301**

1. Entity Name  
**INTER AIRSPARES, INC.**

Principal Place of Business Mailing Address  
**7301 NW 34TH STREET 7301 NW 34TH STREET**  
**MIAMI FL 33122 MIAMI FL 33122**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0930640** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASSES-VALERA, GEORGINA CPA**  
**C/O LOWENSTEIN & COMPANY, P.A.**  
**2100 SALZEDO STREET #303**  
**CORAL GABLES FL 33134-4323**

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, 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	JACKSON, PETER	2100 SALZEDO STREET #303	CORAL GABLES FL 33134-4323				
PD	ROURKE, KENNETH W	15100 MEADHAVEN STREET	FT. LAUDERDALE FL 33331				
VD	ROURKE, STEPHEN	15643 RAVENSWICKLE MANOR	FT. LAUDERDALE FL 33331				
VD	WILSON, STEPHEN G	% 7301 N.W. 34TH STREET	MIAMI FL 33122				
SD	WHITAKER, PAUL S	7 FAIRFIELD, GAMLINGAY, SANDY	BEDFORDSHIRE, ENGLAND SG19-3LG				

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

Daytime Phone #

X201

CR2E034 (10/00)