

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057076

1. Entity Name
MELBOURNE AIR PARTNERS, INC.

Principal Place of Business
2290 W. EAU GALLIE BLVD.
MELBOURNE FL 32935
US

Mailing Address
3210 WINDSONG CT
MELBOURNE FL 32934
US

2. Principal Place of Business

3. Mailing Address

2290 W. EAU GALLIE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

City & State

MELBOURNE

Zip

Country

Zip

Country

PL

Country

32935

4. FEI Number

59-3584495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, KEVIN B
3210 WINDSONG CT
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name: GOPAL GADODIA

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

2290 W. EAU GALLIE BLVD #200

City: MELBOURNE

FL

Zip Code

32935

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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: P
NAME: GADODIA, GOPAL
STREET ADDRESS: 2290 W EAU GALLA BL
CITY-ST-ZIP: MELBOURNE FL 32935
☐ Delete

TITLE: ST
NAME: SMITH, KEVIN
STREET ADDRESS: 3210 WINDSONG CT
CITY-ST-ZIP: MELBOURNE FL 32934
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 RE GADODIA

8/29/01

321-255-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90010 039 ***550.00



DO NOT WRITE IN THIS SPACE

0016437 AV

CR2E034 (5/01)