

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064543

1. Entity Name

AIRE, INC.

Principal Place of Business

3758 PRAIRE AVENUE
MIAMI BEACH FL 33140

Mailing Address

3758 PRAIRE AVENUE
MIAMI BEACH FL 33140

2. Principal Place of Business

844 Alton Road

Suite, Apt. #, etc.

3. Mailing Address

1521 Alton Road

Suite, Apt. #, etc.

335

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0934664

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	PAPACCIO, VINCENT J	
STREET ADDRESS	3758 PRAIRE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOLEFELDER, WILLIAM	
STREET ADDRESS	3758 PRAIRE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SOVEL, JACKIE	
STREET ADDRESS	3758 PRAIRE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	357 Stratton Court	
CITY-ST-ZIP	Langhorne, Pa. 19047	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABDALA KALIL, M.D.	
STREET ADDRESS	1521 ALTON ROAD, SUITE 335	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOVEL, JACQUELYN	
STREET ADDRESS	1621 Bay Rd, Suite 1207	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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		
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

Date

Daytime Phone #

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90107 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)