

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079426

1. Entity Name

ADVANCED AIR DESIGNS, INC.

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

07-10-2000 90016 024 \*\*\*550.00

Principal Place of Business

13749 53RD COURT, NORTH  
ROYAL PALM BEACH FL 33411

Mailing Address

13749 53RD COURT, NORTH  
ROYAL PALM BEACH FL 33411-8179

2. Principal Place of Business

3570 So. 55th Ave.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREENACRES FL

City & State

4. FEI Number

65-0951435

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TARANTINO, CATHERINE T  
13749 53RD COURT, NORTH  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name DAVID A. JAYNES

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

120 So. Olive Ave #702

City West Palm Beach FL

Zip Code 33401

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

6-22-00

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

TITLE PD  
NAME TARANTINO, CATHERINE T  
STREET ADDRESS 13749 53RD COURT, NORTH  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME KENNY DORMAN  
STREET ADDRESS 3570 So. 55th Ave.  
CITY-ST-ZIP GREENACRES, FL 33463 ☒ Change ☐ Addition

TITLE VPD  
NAME DAN ANTONOGLOU  
STREET ADDRESS 3570 So. 55th Ave  
CITY-ST-ZIP GREENACRES, FL 33463 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-22-00 561.966-5435