

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

Jun 27, 2000 8:00 am
Secretary of State

04-20-2000 90030 012 ***150.00

DOCUMENT # P99000095562

1. Entity Name

PALM BEACH AIR & GROUND SUPPORT, INC.

Principal Place of Business

854 NE 75TH STREET
BOCA RATON FL 33487

Mailing Address

854 NE 75TH STREET
BOCA RATON FL 33487-1731

2. Principal Place of Business

Russell A. Mazer
Suite, Apt. #, etc.

3. Mailing Address

854 NE 75th St.
Suite, Apt. #, etc.

City & State

Boca Raton

City & State

FL

4. FEI Number

65-0960669

Applied For

Not Applicable

Zip

33487

Country

P.Rch

Zip

33487

Country

P.Rch

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAZER, RUSSELL
854 NE 75TH STREET
BOCA RATON FL 33487

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
RUSSELL MAZER
854 NE 75TH STREET
BOCA RATON FL 33487

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAMUEL R. MAZER
14202 SW 142ND AVENUE
MAIMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000

305-233-6444

Date

Daytime Phone #

CR2E034 (9/99)