

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36536

1. Entity Name

AIR RADIO & INSTRUMENTS CORP.

Principal Place of Business

8875 NW 23RD ST
MIAMI FL 33172
US

Mailing Address

8875 NW 23RD ST
MIAMI FL 33172-2419
US

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

65-0335132

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

GONZALEZ, RAFAEL L.
8875 NW 23RD ST
MIAMI FL 33172

Name

MENDELSON, VICTOR

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

3000 TAFT STREET

City

HOLLYWOOD

FL

Zip Code

33021

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] VICTOR H. MENDELSON

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 checked="" type="checkbox"/> Delete
NAME	GONZALEZ, RAFAEL L.	
STREET ADDRESS	6941 SILVER OAK DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GONZALEZ, RAFAEL R Jr	
STREET ADDRESS	12130 SAINT ANDREWS PLACE #108	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CALADO, RAFAEL	
STREET ADDRESS	8875 NW 23RD ST	
CITY-ST-ZIP	MIAMI FL 33172	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JR, RAFAEL	
STREET ADDRESS	8875 NW 23 STREET	
CITY-ST-ZIP	MIAMI, FL 33172	
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		
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] REQUIRETHOMAS S INW 3/6/00 9549876101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 APR -3 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

Additional Officers and Directors

TITLE	T/D
NAME	Irwin, Thomas S
STREET ADDRESS	3000 Taft Street
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	Controller
NAME	Kuras, Steve
STREET ADDRESS	8875 NW 23 Street
CITY-ST-ZIP	Miami, FL 33172
TITLE	S
NAME	Vetter, Judith W.
STREET ADDRESS	3000 Taft Street
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	AS
NAME	Letendre Eliazabeth R.
STREET ADDRESS	3000 Taft Street
CITY-ST-ZIP	Hollywood, FL 33021