

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90505 001 *5,161.25

DOCUMENT # V36536

1. Entity Name

AIR RADIO & INSTRUMENTS CORP. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7875 NW 64 STREET

3. Mailing Address

7875 NW 64 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0335132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MENDELSON, VICTOR H. ESQ.

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

3000 TAFT STREET

City

HOLLYWOOD

FL

Zip Code
33021

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 MORELL, LUIS J.
STREET ADDRESS 7875 NW 64 STREET
CITY - ST - ZIP MIAMI FL 33166

TITLE D/T
NAME IRWIN, THOMAS S.
STREET ADDRESS 3000 TAFT STREET
CITY - ST - ZIP HOLLYWOOD FL 33021

TITLE S
NAME LETENDRE, ELIZABETH R.
STREET ADDRESS 3000 TAFT STREET
CITY - ST - ZIP HOLLYWOOD FL 33021

TITLE AS
NAME VETTER, JUDITH W.
STREET ADDRESS 3000 TAFT STREET
CITY - ST - ZIP HOLLYWOOD FL 33021

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS S. IRWIN

4/26/02

954-987-4000

Date

Daytime Phone #

CR2E034B (12/01)