

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V53474

1. Entity Name

AIR QUALITY MANAGEMENT INC.

FILED
Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90049 027 ***550.00

Principal Place of Business

Mailing Address

4800 BAYVIEW DRIVE
SUITE 505
FT. LAUDERDALE FL 33308

4800 BAYVIEW DRIVE
SUITE 505
FT. LAUDERDALE FL 33308-4909

2. Principal Place of Business

3. Mailing Address

1314 EAST LAS OLAS BLVD

107 CAMBRIDGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#182

City & State
FT. LAUDERDALE, FL

City & State
TORONTO, ONTARIO

4. FEI Number 59-3145665

Applied For
Not Applicable

Zip
33301

Country

Zip
M4K 2L7

Country
CANADA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAYNES, COLIN
4800 BAYVIEW DRIVE
SUITE 505
FT. LAUDERDALE FL 33308

Name
BAYNES, COLIN

Street Address (P.O. Box Number is Not Acceptable)
1314 EAST LAS OLAS BLVD
UNIT 182

City FT. LAUDERDALE FL Zip Code 33301

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 P
NAME BAYNES, COLIN
STREET ADDRESS 4800 BAYVIEW DRIVE, SUITE 505
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE PRESIDENT
NAME BAYNES, COLIN
STREET ADDRESS 1314 EAST LAS OLAS BLVD, UNIT 182
CITY-ST-ZIP FT. LAUDERDALE, FL 33301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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
COLIN BAYNES (PRESIDENT)

MAR 20, 2000 954 772 6044

Date

Daytime Phone #

CR2E034 (9/99)