

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90169 002 ***150.00

DOCUMENT # V65893

1. Entity Name
CONSTRUCTAIR TECHNOLOGIES, INC.

Principal Place of Business

**2440 NW 16TH LANE
SUITE B-3
POMPANO BEACH FL 33064**

Mailing Address

**2440 NW 16TH LANE
SUITE B-3
POMPANO BEACH FL 33064**

2. Principal Place of Business

457 NE 25 STREET
Suite, Apt. #, etc.

3. Mailing Address

457 NE 25 ST
Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-0355966

Applied For

Not Applicable

5. Certificate of Status Desired-- ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PLOUFFE, ALAIN
2440 NW 16TH LANE
SUITE B-3
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name

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

L

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, 2002 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** ☐ Delete
NAME **PLOUFFE, ALAIN**
STREET ADDRESS **2440 NW 16TH LN., #B-3**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **VP** ☒ Delete
NAME **BURNS, WALTER**
STREET ADDRESS **2440 NW 15TH LN #B-3**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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, who all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/02 954-974-8557

CR2E034 (9/01)