

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90475 029 ***158.75

DOCUMENT # F97000005846

1. Entity Name
AIR TRANSAT HOLIDAYS A.T. INC./ VACANCES AIR TRA

Principal Place of Business Mailing Address
140 S FEDERAL HWY **140 S FEDERAL HWY**
DANIA FL 33004 **DANIA FL 33004-3623**

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 **98-0175853** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BOISMENU, MICHEL
8901 LAKE PARK CIRCLE NORTH
DAVIE FL 33328

7. Name and Address of New Registered Agent
 Name **Lamothe, Nathalie**
 Street Address (P.O. Box Number is Not Acceptable)
437 GOLDEN ISLES DRIVE APT 16-D
 City **HALLANDALE FL** Zip Code **33009**

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 *Nathalie Lamothe* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PCD CESARE, LINA D 3657 LAVAL STREET MONTREAL QUEBEC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUREAU, PHILIPPE 24 ELMWOOD AVENUE OUTREMONT QUEBEC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EUSTACHE, JEAN MARC 18 HAZELWOOD AVENUE OUTREMONT QUEBEC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete ST AMAND, CLAUDERIC 309 STANLEY STREET ST LAMBERT QUEBEC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete V VACHER, GEORGES 10485 TOLHURST MONTREAL QUEBEC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete V FOSTER, PAUL 4019 DORY COURT STREET MISSISSAUGA ONTARIO

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cesare, Lina 791 De La Commune Street East #412 Montréal, Québec H2Y 4A2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD Sureau, Philippe 3200 Trafalgar Avenue Westmount, Québec H3Y 1H7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Délisle, Nathalie 218 Upper Edisson St-Lambert, Québec J4R 3V8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nathalie Delisle* **Nathalie Delisle** April 26, 2000 (514) 987-1660
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)