

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90189 019 ***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 DANIA FL 33004 **140 S FEDERAL HWY DANIA FL 33004**

C0058163



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address 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

6. Name and Address of Current Registered Agent
LAMOTHE, NATHALIE
437 GOLDEN ISLES DR
APT 16D
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
140 S. FEDERAL HWY
2nd FLOOR
 City **DANIA BEACH** FL Zip Code **33004**

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 _____ 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, 2001 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	PCD	<input type="checkbox"/> Delete
NAME	CESARE, LINA D	
STREET ADDRESS	791 DE LA COMMUNE ST E #412	
CITY-ST-ZIP	MONTREAL, QUEBEC H2Y- 4A2	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUREAU, PHILIPPE	
STREET ADDRESS	3200 TRAFALGAR AVE	
CITY-ST-ZIP	WESTMOUNT, QUEBEC H3Y- 1H7	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELISLE, NATHALIE	
STREET ADDRESS	218 UPPER EDISSON	
CITY-ST-ZIP	ST-LAMBERT, QUEBEC J4R- 3V8	
TITLE	V	<input type="checkbox"/> Delete
NAME	VACHER, GEORGES	
STREET ADDRESS	10485 TOLHURST	
CITY-ST-ZIP	MONTREAL QUEBEC	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOSTER, PAUL	
STREET ADDRESS	4019 DORY COURT STREET	
CITY-ST-ZIP	MISSISSAUGA ONTARIO	
TITLE		<input type="checkbox"/> Delete

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESARE, Lina	
STREET ADDRESS	791 De La commune St E. #412	
CITY-ST-ZIP	Montreal, Quebec H2Y 4A2	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUREAU, Philippe	
STREET ADDRESS	3200 Trafalgar Ave	
CITY-ST-ZIP	Westmount, Quebec H3Y 1H7	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUSTACHE, Jean-Marc	
STREET ADDRESS	18 Hazelwood	
CITY-ST-ZIP	Outremont, Quebec H3T 1R3	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODBOUT, Daniel	
STREET ADDRESS	555 Rapide Plat Nord	
CITY-ST-ZIP	St-Hyacinthe, Quebec J2S- 8B1	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARON, Gérald	
STREET ADDRESS	1750 Des Roses	
CITY-ST-ZIP	Val-David, Quebec J0T 2N0	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARYSZ, Agnieszka	
STREET ADDRESS	4476 Ste-Catherine West #304	
CITY-ST-ZIP	Westmount, Quebec H3Z 1R7	

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: Agnieszka Charysz **Agnieszka Charysz** April 27, 2001 514-987-1660
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CFR2E034 (10/00)