

# 2002 UNIFORM BUSINESS REPORT (UBR)

B33239610533

FILED

02 JUN -6 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005846**

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

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

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



05/09/02 9030135  
DO NOT WRITE IN THIS SPACE  
158-25

4. FEI Number **99-0175853**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**LAMOTHE, NATHALIE  
140 S FEDERAL HWY  
2ND FLOOR  
DANIA BEACH FL 33004**

7. Name and Address of New Registered Agent  
Name  
**Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
City **Tallahassee**      FL      Zip Code **32301**

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Brian Courtney**  
DATE **6/5/02**  
Title **Asst. V. Pres.**

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so  
(See criteria on back)

10. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D CHESARE, LINA D</b>
STREET ADDRESS	<b>761 DE LA COMMUNE ST E #412</b>
CITY-ST-ZIP	<b>MONTREAL, QUEBEC H2Y-4A2</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D SIREALI, PHILIPPE</b>
STREET ADDRESS	<b>3230 TRAFALGAR AVE</b>
CITY-ST-ZIP	<b>WESTMOUNT, QUEBEC H3Y-1H7</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>P GUIDBOUT, DANIEL</b>
STREET ADDRESS	<b>555 RAPIDE PLAT NORD</b>
CITY-ST-ZIP	<b>ST HYACINTHE, QUEBEC, CANADA J2S-8R1</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>V CARON, GERALD</b>
STREET ADDRESS	<b>1730 DES ROSES</b>
CITY-ST-ZIP	<b>VA-DAVID, QUEBEC, CANADA J0T-2N0</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>AS CARYSZ, AGNIESZKA</b>
STREET ADDRESS	<b>44 6 ST CATHERINE WEST #304</b>
CITY-ST-ZIP	<b>WESTMOUNT, QUEBEC, CANADA H3Z-1R7</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>XX C EUSTACHE, JEAN-MARC</b>
STREET ADDRESS	<b>18 HAZELWOOD</b>
CITY-ST-ZIP	<b>OL TREMONT, QUEBEC, CANADA H3T-1R3</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Maheu, Lorraine</b>
STREET ADDRESS	<b>7335 Place Malraux</b>
CITY-ST-ZIP	<b>Montreal, Quebec J4Y 1S5</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S Ander, Sophie.</b>
STREET ADDRESS	<b>5725 Ave. Notre-Dame de Grâces</b>
CITY-ST-ZIP	<b>Montreal, Quebec H4A-1M2</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>F Ghorayeb, Sam</b>
STREET ADDRESS	<b>796 Côte Ste-Catherine</b>
CITY-ST-ZIP	<b>Montreal, Quebec H3T 1A7</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V Capaday, Paul</b>
STREET ADDRESS	<b>259 Bay View</b>
CITY-ST-ZIP	<b>Pincourt, Quebec J7V 3X1</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TS</b>
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 118.07(3)(j), 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 empowerments.

SIGNATURE: **AGNIESZKA CARYSZ**