


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90047 045 \*\*\*150.00

**DOCUMENT # F97000005846**

1. Entity Name  
**AIR TRANSAT HOLIDAYS A.T. INC. / VACANCES AIR TRA  
NSAT A.T. INC.** *Keep as above mentioned (no change)*



Principal Place of Business  
**140 S FEDERAL HIGHWAY  
DANIA FL 33004**

Mailing Address  
**140 S FEDERAL HIGHWAY  
DANIA FL 33004**

**10108706**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renaming) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CESARE, LINA D</b> <b>791 DE LA COMMUNE ST E #412</b> <b>MONTREAL, QUEBEC H2Y- 4A2</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUREAU, PHILIPPE</b> <b>3200 TRAFALGAR AVE</b> <b>WESTMOUNT, QUEBEC H3Y- 1H7</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GODBOUT, DANIEL</b> <b>555 RAPIDE PLAT NORD</b> <b>ST. HYACINTHE, QUEBEC, CANADA J2S- 8B1</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CARON, GERALD</b> <b>1750 DES ROSES</b> <b>VAL-DAVID, QUEBEC, CANADA J0T- 2N0</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>CHARYSZ, AGNIESZKA</b> <b>4478 ST CATHERINE WEST #304</b> <b>WESTMOUNT, QUEBEC, CANADA H3Z- 1R7</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EUSTACHE, JEAN-MARC</b> <b>18 HAZELWOOD</b> <b>OUTREMONT, QUEBEC, CANADA H3T- 1R3</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/M D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CHORAYE, SALIM</b> <b>796 Cote Sainte-Catherine</b> <b>Outremont, Quebec H3T 1A7</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/M D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MAWET, Loiraine</b> <b>7305 Montclair Place</b> <b>Brossard Quebec J4Y 1S5</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ANNEX Sophie</b> <b>5725 Notre-Dame-de-Grace Avenue</b> <b>Montreal Quebec H4A 1M2</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address from all other like empowered.

SIGNATURE: *AGNIESZKA CHARYSZ* **AGNIESZKA CHARYSZ** **Assistant Secretary**  
Date: **April 2, 2003** Daytime Phone #: **(514) 971-160 #4511**

CR2E034 (10/02)