

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90005 027 ***150.00

NOTICE AV

DOCUMENT # H36634
 1. Entity Name
AIR GIANT, INC.

Principal Place of Business Mailing Address
4700 SW 42ND TERRACE **4700 SW 42ND TERRACE**
FT LAUDERDALE FL 33314 **FT LAUDERDALE FL 33314**



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

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2474658** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Name and Address of Current Registered Agent
DI IOIA, DARLENE
4700 SW 42ND TERRACE
FT LAUDERDALE FL 33314
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is 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.
 SIGNATURE NIA
 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.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DI IOIA, DARLENE 4700 SW 42ND TERRACE FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DI IOIA, BRENDA 4640 SW 42ND TERRACE FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3924 SW 139 AVE DAWIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DI IOIA, ANTHONY 4700 SW 42ND TERRACE FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DI IOIA, GEORGE A 4700 SW 42 TERRANCE FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Brenda DiIoia **Brenda DiIoia** Date 1/7/02 Daytime Phone # 954-473-2908

CR2E034 (9/01)