2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90117 047 ***150.00

DOCUMENT # K90865

1. Entity Name
BEL AIR TRANSPORT SERVICES, INC.

Principal Place of Business
1020 N.W. 62 STREET
~~5530 NW 21 TERRACE~~
~~HANGAR #8~~
FORT LAUDERDALE FL 33309

Mailing Address
1020 N.W. 62 STREET
~~5530 NW 21 TERRACE~~
~~HANGAR #8~~
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1020 N. W. 62 Street	1020 N. W. 62 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Florida	City & State: Ft. Lauderdale, Florida
Zip: 33309 Country: Broward	Zip: 33309 Country: Broward

4. FEI Number 65-0120827 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATERNO, ROBERT J
2100 PONCE DE LEON BLVD
SUITE 1020
CORAL GABLES FL 33134

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 _____ 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, 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	P PATERNO, ROBERT 2100 PONCE DE LEON BLVD STE 1020 CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CEO Gerald Parker 2525 N. E. 52st Street Lighthouse Point, Fl. 33064	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ALEXANDER, GARY 601 NW 179 AVENUE #104 PEMBROKE PINES FL 33029-2810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST/D Gary Alexander 601 N.W. 179 Avenue #104 Pembroke Pines, Fl. 33029-2810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HUSTA, JOSEPH 5530 NW 21 TERRACE HANGAR #8 FORT LAUDERDALE FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Izad Djahanshahi 474 Hunting Lodge Drive Miami Springs, Fl. 33166	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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.

SIGNATURE: _____ Apr 24 2002 (305) 913-0320
SIGNATURE OF A PRINTED NAME OF A DIRECTOR Date Daytime Phone #

Fred & Djahanshahi PRESIDENT