2002 UNIFORM BUSINESS REPORT (UBR)

POOOOOSZOOZ

GLOBAL AIR 2000 INC.

DOCUMENT#

1._Entity Name____

Principal Place of Business

6555 NW 36TH STREET

SUITE 220 MIAMI FL 33166 Mailing Address

6555 NW 36TH STREET

Suite 220

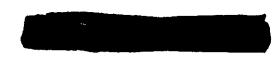
MIAMI FL 33166

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

FILED Sep 08, 2002 8:00 am Secretary of State

09-08-2002 90051 045 ***400.00 07-17-2002 90142 016 ***150.00

~~~იიიიე



DO NOT WRITE IN THIS SPACE

DATE

| City & State                                                     |                                         | City & State |             | 4. FEI Number 65-0998837 Applied For  |                                        |                                  |
|------------------------------------------------------------------|-----------------------------------------|--------------|-------------|---------------------------------------|----------------------------------------|----------------------------------|
| Zip                                                              | Country                                 | Zip          | Zip Country |                                       |                                        | Not Applicable \$8.75 Additional |
| 6. Name and Address of Current Registered Agent CASTILLO, LUIS R |                                         |              | Name        | 7. Name and Address of New Registered | Fee Required Agent                     |                                  |
| 2790 SOMER                                                       | ISET DRIVE APT Q304<br>E LAKES FL 33311 |              |             | Street Addre                          | ss (P.O. Box Number is Not Acceptable) |                                  |
|                                                                  |                                         |              | ľ           | City                                  | EI                                     | 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.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE Signature, typed or printed name of registered agent and tide if applicable

| 9. | This corporation is eligible to satisfy its Intangible<br>Tax filing requirement and elects to do so. | 1                                                                                       |
|----|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| (S | (See criteria on back)                                                                                | After September 13, 2002 Fee will be \$750.00 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 ☐ Delete TITLE (4/02)☐ Change NAME ☐ Addition CASTILLO, LUIS R NAME STREET ADDRESS 2790 SOMERSET DRIVE APT. #0304 STREET ADDRESS CITY-ST-ZIP CR2E034 LAUDERDALE LAKES FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME Addition PACHECO, FRANCISCO NAME 6930 NW 84TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33166 CITY-ST-7P TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition CASTILLO, ALEJANDRO NAME STREET ADDRESS 7001"SW 129 AVENUE APT. 1 STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF The state of the s TILE Delete TITLE 8.60 高度的 SELECT N ☐ Change NAME ■ Addition NAME CASIMED, ULD R STREET ADDRESS STREET ADORESS  $b^{\prime\prime}$ CITY-ST-ZIP CITY-ST-ZIP TITLE O Delete TITLE ☐ Change NAME □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIOLOGY OFFICER OR DIRECTOR

7/8/00

305-558-4947

Daytime Phone 4