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

## P00000037007

DOCUMENT # 1. Entity Name



## **FILED** Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90035 019 \*\*\*150.00

GLOBAL AIR 2000 INC.	2		)		
Principal Place of Business 6555 NW 36TH STREET	Mailing Address 6555 NW 36TH STREET				
SUITE 220	- SUITE 220				
MIAMI FL 33166	* MIAMI FL 33166		COMPONENT ALL MARKS AND MARKS AND ARRIVATION OF THE COLUMN AND ARRIVA	ARRON BONJE BRINI HARI HARI	
In the second					
<u> </u>		129th Avenue			
Suite, Apt. #, etc. :- Suite, Apt. #, etc		. CHECK HERE IF MAKING CHANGES			
City & State MIAMI FLORIDA	City & State  MIAMI, F	L 33183	4. FE! Number 65-0998837	Applied For Not Applicable	
73183-2471 Country USA	33183-2471	Country USA		8.75 Additional be Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
		Name			
CASTILLO, LUIS R		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
2790 SOMERSET DRIVE APT Q304		<del></del>			
LAUDERDALE LAKES FL 33311					
		City	FL	Zip Code	
<ol> <li>The above named entity submits this statement the obligations of registered agent.</li> </ol>	for the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida. I am far	niliar with, and accept	
into obligations of registeres again.					
-SIGNATURE Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Agent signature require	ad when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00					
After May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department	of State		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<u></u>	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE PD	☐ Delete	TITLE	[	Change Addition	
NAME CASTILLO, LUIS R		NAME		(5	
STREET ADDRESS 2790 SOMERSET DRIVE APT.		STREET ADDRESS		5	
CITY-ST-ZIP LAUDERDALE LAKES FL 33311		CITY-ST-ZIP			
TITLE D  NAME PACHECO FRANCISCO	Delete	TITLÉ NAME	ι	☐ Change ☐ Addition ☐	
NAME PACHECO, FRANCISCO STREET ADDRESS 6930 NW 84TH AVE.		STREET ADDRESS	•		
CITY-ST-ZIP MIAMI FL 33166		CITY-ST-ZIP		1	
TITLE D	☐ Delete	TITLE		Change	
NAME CASTILLO, ALEJANDRO		NAME			
STREET ADDRESS 7001 SW 129 AVENUE APT. 1		STREET ADDRESS			
CITY-ST-ZIP MIAMI FL 33183		OUTY OF TIP		Y	
ı <b>I</b>		CITY-ST-ZIP		<del></del>	
TITLE	☐ Delete	TITLE	[	Change Addition	
NAME	☐ Delete	TITLE NAME	E	☐ Change ☐ Addition	
	☐ Delete	TITLE	[	☐ Change ☐ 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, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NOTES TRAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

Change

☐ Addition

Addition