

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90061 044 ***550.00

00503650 AV

DOCUMENT # P00000077209

1. Entity Name
AIR GLOBAL TRANSPORT, INC.



Principal Place of Business
**1951 N.W. 68TH AVE., STE. 230
MIAMI FL 33122**

Mailing Address
**P.O. BOX 52-1835
MIAMI FL 33152**



2. Principal Place of Business
7500 NW 25 St.

3. Mailing Address
7500 NW 25 St.

Suite, Apt. #, etc.
112

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

Zip
33122

Country
USA

4. FEI Number **65-1033050**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VISCONTI, MICHAEL J
3202 SHIPPING AVE.
MIAMI FL 33133**

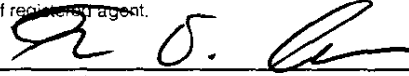
7. Name and Address of New Registered Agent

Name **Tom Affano**

Street Address (P.O. Box Number is Not Acceptable)
7800 Red Rd, Ste 127

City **So. Miami** FL Zip Code **33143**

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  **Thomas D. Affano** DATE **7/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	<input type="checkbox"/> Delete
PD	VISCONTI, FRANK J	10300 S.W. 60 PL.	PINECREST FL 33156	<input type="checkbox"/>
VTSD	VISCONTI, MICHAEL J	3202 SHIPPING AVE.	MIAMI FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VTSD	Visconti, Michael J.	521 Madeira Ave.	Coral Gables, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:  **15 July 03** **305-668-4321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)