

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90176 003 ***158.75

DOCUMENT # P93000066904

1. Entity Name
AIR TRANSAT HOLIDAYS USA, INC.

Principal Place of Business 140 S. FEDERAL HIGHWAY 2ND FLOOR DANIA FL 33004 US	Mailing Address 140 S. FEDERAL HIGHWAY 2ND FLOOR DANIA FL 33004 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0441299		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DECESARE, LINA			NAME			
STREET ADDRESS	C.P. 2120, SUCC. PLACE DU PARC			STREET ADDRESS			
CITY-ST-ZIP	MONTREAL (QUEBEC) CANADA H2W -2P6			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GODBOUT, DANIEL			NAME			
STREET ADDRESS	C.P. 2120 SUCC. PLACE DU PARC			STREET ADDRESS			
CITY-ST-ZIP	MONTREAL, QUEBEC CA H2-W2P6			CITY-ST-ZIP			
TITLE	O	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMOTHE, NATHALIE			NAME			
STREET ADDRESS	140 S FEDERAL HIGHWAY			STREET ADDRESS			
CITY-ST-ZIP	DANIA FL 33004			CITY-ST-ZIP			
TITLE	O	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELISLE, NATHALIE			NAME			
STREET ADDRESS	C.P. 2120 SUCC. PLACE DU PARC			STREET ADDRESS			
CITY-ST-ZIP	MONTREAL, QUEBEC CA H2-W2P6			CITY-ST-ZIP			
TITLE	O	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARYSZ, AGNIESZKA			NAME			
STREET ADDRESS	C.P. 2120 SUCC. PLACE DU PARC			STREET ADDRESS			
CITY-ST-ZIP	MONTREAL, QUEBEC CA H2-W2P6			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				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 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: *Nathalie Lamothe* **NATHALIE LAMOTHE** **JAN 7, 2002 (954) 920-3138**

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

CR2E034 (9/01)