

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90006 048 ***150.00

DOCUMENT # P98000029685

1. Entity Name
FALCON INTERNATIONAL AIR SERVICES, INC.

Principal Place of Business 4010 GALT OCEAN DR. 1109 MIAMI FL 33308	Mailing Address 4010 GALT OCEAN DR. 1109 FORT LAUDERDALE FL 33308-6517
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**HESS, THOMAS ESQ.
 501 BRICKELL KEY DR., STE.407
 MIAMI FL 33131**

4. FEI Number **65-0805431** Applied For Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2000 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	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME KAPHAN, JAMES	
STREET ADDRESS 4010 GALT OCEAN DR. APT 1109	
CITY-ST-ZIP FORT LAUDERDALE FL 33308	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME METAGER, BETH	
STREET ADDRESS 187 CLYDE RD.	
CITY-ST-ZIP BANGOR ME 04401	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAPLAN, JAMES	
STREET ADDRESS 4010 GALT OCEAN DR. APT. 1109	
CITY-ST-ZIP FORT LAUDERDALE FL 33308	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME METZGER, BETH	
STREET ADDRESS 187 CLYDE RD	
CITY-ST-ZIP BANGOR ME 04401	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **SIGNATURE James P. Kaplan President 3/27/2000 (305) 687-0731**

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