


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90002 034 \*\*\*158.75

<b>DOCUMENT #</b> 1. Entity Name	P98000029685	
FALCON INTERNATIONAL AIR SERVICES, INC		

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 4010 Galt Ocean Dr Suite, Apt. #, etc. 1109 City & State Ft. Lauderdale FL 33308		<b>3. Mailing Address</b> 4010 Galt Ocean Dr Suite, Apt. #, etc. 1109 City & State Ft. Lauderdale FL 33308	
Zip 33308	Country US	Zip 33308	Country US

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0805431	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Hess, Thomas ESQ.
Street Address (P.O. Box Number is Not Acceptable) 501 Brickell Key Dr., Ste.407
City Miami
State FL
Zip 33159

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	Pres Kaplan, James L. 4010 Galt Ocean Dr; Apt.1109 Ft. Lauderdale FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Beth Metzger 187 Clyde Road Bangor ME 04401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** James L. Kaplan James L. Kaplan April 4, 2004 207 944-6060

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

CR2E034B (12/02)