

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

DOCUMENT # **K10351**

1. Entity Name
ARROW AIR, INC.



05-02-2003 90157 001 ****35.00
05-02-2003 90157 002 ****150.00

Principal Place of Business
**2000 NW 62ND AVENUE
BLDG. 711
MIAMI FL 33122
US**

Mailing Address
**P.O. BOX 523726
MIAMI FL 33152**



2. Principal Place of Business

3. Mailing Address

P.O. Box 026062

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Miami, Florida

4. FEI Number **59-2929045**

Applied For

Not Applicable

Zip

Country

Zip

Country

33102

5. Certificate of Status Desired

☒ **4 copies**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDS, RICHARD L
2000 NW 62ND AVENUE
MIAMI FL 33122**

Name

Street Address (P.O. Box Number is Not Acceptable)

1740 N.W. 69 Avenue

City

Miami

FL

Zip Code

33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	CAMERON, DORT A	
STREET ADDRESS	115 EAST PUTNAM AVENUE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	DWYER, ANDREW	
STREET ADDRESS	115 EAST PUTNAM AVENUE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERON, SETH M	
STREET ADDRESS	115 EAST PUTNAM AVENUE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRYSTAL, JIM	
STREET ADDRESS	40 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HABERLY, RICHARD L	
STREET ADDRESS	2000 NW 62ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	EVS	<input checked="" type="checkbox"/> Delete
NAME	LONG, JOHN	
STREET ADDRESS	2000 NW 62ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	

TITLE	EV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Visconti, Frank J.	
STREET ADDRESS	2000 N.W. 62 Avenue	
CITY-ST-ZIP	Miami, Florida 33122	
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betts, William	
STREET ADDRESS	1740 N.W. 69 Avenue	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richards, Richard L.	
STREET ADDRESS	1740 N.W. 69 Avenue	
CITY-ST-ZIP	Miami, FL 33126	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard L Richards

Date

Daytime Phone #

5/30/03 (305) 889-6007

CR2E034 (10/02)