

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90973 023 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #554430			
1. Entity Name TRANS AIR-LINK CORP.			
Principal Place of Business 15001 NW 42 AVE BLDG 47, OPALOCKA AIRPORT OPALOCKA, FL 33054-2324 US		Mailing Address 15001 NW 42 AVE BLDG 47, P. O. BOX 521298 OPALOCKA, FL 33254-2324 US	
2. Principal Place of Business		3. Mailing Address PO Box 521298	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, Florida	
Zip	Country	Zip	Country
33152		33152	
4. Name and Address of Current Registered Agent HERNANDO GUTIERREZ 630 S. MASHITA DR. KEY BISCAYNE, FL 33157		5. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
6. 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 file if applicable. (NOTE: Registered Agent signature required when requesting)			
		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	P	TITLE	
NAME	GUTIERREZ, HERNANDO	NAME	
STREET ADDRESS	16155 S W 73RD PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 the empowered.			
SIGNATURE: 		4-1-03 305-6810339	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		Date	

CFR21034 (10/02)