

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000000514

1. Entity Name

ATLANTIC AIR VENTURES, INC.

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-27-2002 90385 013 ***150.00

93332



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2711 CENTERVILLE ROAD
 SUITE 400
 WILMINGTON DE 19808

Mailing Address
 2711 CENTERVILLE ROAD
 SUITE 400
 WILMINGTON DE 19808

2. Principal Place of Business
 2700 N. Military Trail #130
 Suite, Apt. #, etc.
 Suite 130

3. Mailing Address
 c/o Mark B. Goldstein, P.A.
 2700 N. Military Trail
 Suite, Apt. #, etc.
 Suite 130

City & State
 Boca Raton, FL 33431

City & State
 Boca Raton, FL 33431

4. FEI Number
 65-1057598

Zip
 33431

Country
 Palm Beach

Zip
 33431

Country
 Palm Beach

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

5. Name and Address of Current Registered Agent

GOLDSTEIN, MARK B
 2700 N. MILITARY TRAIL
 SUITE 220
 BOCA RATON FL 33431

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

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

(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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST GOLDSTEIN, MARK B 2700 N. MILITARY TRAIL SUITE 220 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark B. Goldstein

4-22-02 561-989-9955

Date

Daytime Phone #

CR2E034 (9/01)