

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004390

1. Entity Name
AIR CARGO ASSOCIATES, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90092 002 ***150.00

Principal Place of Business
4 GRAND ST.
BETHEL CT 06801

Mailing Address
4 GRAND ST.
BETHEL CT 06801

00008744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-2209973

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VISCONTI, FRANK J.
6812 TALAVERA ST
CORAL GABLES FL 33143

Name Jim Farrell
Street Address (P.O. Box Number is Not Acceptable) 510 Mont Claire Dr.
City Weston FL Zip Code 33326

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 *James O. Farrell* James O. Farrell 1/5/01
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FARRELL, JAMES O	
STREET ADDRESS	296 TEPI DR.	
CITY-ST-ZIP	SOUTHBURY CT	
TITLE	S	<input type="checkbox"/> Delete
NAME	FARRELL, ROXANNE F	
STREET ADDRESS	296 TEPI DR.	
CITY-ST-ZIP	SOUTHBURY CT 06488	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VISCONTI, FRANK	
STREET ADDRESS	6812 TALAVERA ST	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James O. Farrell* James O. Farrell President 1/5/01 203 748-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)