

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90183 044 ***150.00

DOCUMENT # F96000000599

1. Entity Name

KOG AIR TRANSPORT, INC.

Principal Place of Business

Mailing Address

**377 BROADWAY
 NEW YORK NY 10013**

**377 BROADWAY
 NEW YORK NY 10013-3907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3854556

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHULTZ, THORSTEN
 C/O KOG TRANSPORT, INC.
 7392 NW 35TH TERRACE
 MIAMI FL 33122**

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, 2000 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	CVT <input type="checkbox"/> Delete
NAME	OSMERS, JUERGEN
STREET ADDRESS	245 E 93RD ST
CITY-ST-ZIP	NEW YORK NY 10128
TITLE	DP <input type="checkbox"/> Delete
NAME	SCHERBNER, LINDA
STREET ADDRESS	51-32 IRELAND ST.
CITY-ST-ZIP	ELMHURST NY 11373
TITLE	D <input type="checkbox"/> Delete
NAME	GROSSKOPF, HANS
STREET ADDRESS	LEIPZIGERSTR. 21
CITY-ST-ZIP	5628 HEILIGENHAUS, GERMANY
TITLE	S <input type="checkbox"/> Delete
NAME	COULTAUS, BILL
STREET ADDRESS	70-19 65TH PLACE
CITY-ST-ZIP	GLENDALE NY 11385
TITLE	<input type="checkbox"/> Delete
NAME	
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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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:

SIG WILLIAM COULTAUS *William Coultaus*

04/26/00

212-226-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)