

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 90190 048 ***150.00

0617235 AT

DOCUMENT # F96000000599

1. Entity Name
KOG AIR TRANSPORT, INC.



Principal Place of Business
377 BROADWAY
NEW YORK NY 10013

Mailing Address
377 BROADWAY
NEW YORK NY 10013

2. Principal Place of Business
299 BROADWAY

3. Mailing Address
299 BROADWAY

Suite, Apt. #, etc.
SUITE 1815

Suite, Apt. #, etc.
SUITE 1815

City & State
NEW YORK, N.Y.

City & State
NEW YORK, N.Y.

4. FEI Number **13-3854556**

Applied For
Not Applicable

Zip
10007

Country
U.S.

Zip
10007

Country
U.S.

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

RICARDO VALDES C/O KOG TRANSPORT INC
2153 NW 79TH AVENUE
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. 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

03/17/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CVT	<input type="checkbox"/> Delete
NAME	OSMERS, JUERGEN	
STREET ADDRESS	2 EAST END AVENUE, PH-C	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHERBNER, LINDA	
STREET ADDRESS	19 ADAMS AVENUE	
CITY-ST-ZIP	BAYVILLE NY 11709	
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
NAME		
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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: *William Coultaus* **WILLIAM COULTAUS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/03

Date

212-346-9800

Daytime Phone #

CR2E034 (10/02)