

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001651

1. Entity Name

CUSTOM AIR TRANSPORT, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90290 036 ***150.00

Principal Place of Business

3305 S.W. 9TH AVE
FT LAUDERDALE FL 33315
US

Mailing Address

3305 S.W. 9TH AVE
STE 214
FT LAUDERDALE FL 33315
US

2. Principal Place of Business

3. Mailing Address

9100 S. DADELAND BLVD

Suite, Apt. #, etc.

1220

City & State

Miami - FL

Zip

33156

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0334645

Applied For

Not Applicable

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

ARAGON, CAROLINA
9100 DADELAND BLVD STE. 1220
MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-registering)

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	CP	<input type="checkbox"/> Delete
NAME	WELLMAN, RICHARD R	
STREET ADDRESS	7540 LOCHNESS DR	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ROMEO, ANTHONY C	
STREET ADDRESS	440 COSTANERA ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ARAGON, CAROLINA	
STREET ADDRESS	9100 S. DADELAND BLVD. STE. 1220	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLINA ARAGON

Date

Daytime Phone #

4/17/01 305 670 3402

CR2E034 (10/00)