

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90367 020 ***150.00

DOCUMENT # F96000001651**1. Entity Name**
CUSTOM AIR TRANSPORT, INC.**Principal Place of Business****3305 S.W. 9TH AVE**
FT LAUDERDALE FL 33315
US**Mailing Address****9100 S. DADELAND BLVD**
#1220
MIAMI FL 33156
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**9100 S. Dadeland Blvd.****3. Mailing Address****Suite, Apt. #, etc.**
#1220**Suite, Apt. #, etc.****City & State**
Miami, FL**City & State****4. FEI Number** **88-0334645****Applied For**
Not Applicable**Zip**
33156**Country****Zip****Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****ARAGON, CAROLINA**
9100 DADELAND BLVD STE. 1220
MIAMI FL 33156**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8951 S.W 62 CT.
CITY-ST-ZIP	Miami, FL 33156
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	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)