

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90145 049 ***150.00

DOCUMENT # F96000001651

1. Entity Name
CUSTOM AIR TRANSPORT, INC.



Principal Place of Business
9100 S.DADELAND BLVD
#1220
MIAMI FL 33156
US

Mailing Address
9100 S. DADELAND BLVD
#1220
MIAMI FL 33156
US

20032802



2. Principal Place of Business

9100 S. DADELAND BLVD

3. Mailing Address

9100 S. DADELAND BLVD.

Suite, Apt. #, etc.

#1001

Suite, Apt. #, etc.

#1001

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

88-0334645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. 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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CP** ☒ Delete
NAME **WELLMAN, RICHARD R**
STREET ADDRESS **7540 LOCHNESS DR**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **CD** ☐ Delete
NAME **ROMEO, ANTHONY C**
STREET ADDRESS **8951 S.W 62 CT**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **ST** ☐ Delete
NAME **ARAGON, CAROLINA**
STREET ADDRESS **9100 S. DADELAND BLVD. STE. 1220**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **RICHARD COZZI**
STREET ADDRESS **4160 RAVENSWOOD ROAD**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33315**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

305-670-7783

Date

Daytime Phone #

CR2E034 (10/02)