

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90189 019 ***158.75

DOCUMENT # F97000005846

1. Entity Name

AIR TRANSAT HOLIDAYS A.T. INC./ VACANCES AIR TRA

Principal Place of Business

**140 S FEDERAL HWY
DANIA FL 33004**

Mailing Address

**140 S FEDERAL HWY
DANIA FL 33004**

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 **98-0175853**

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

**LAMOTHE, NATHALIE
437 GOLDEN ISLES DR
APT 16D
HALLANDALE FL 33009**

Name

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

140 S. FEDERAL HWY

2nd FLOOR

City

DANIA BEACH

FL

Zip Code

33004

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, 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 **PCD** ☐ Delete
NAME **CESARE, LINA D**
STREET ADDRESS **791 DE LA COMMUNE ST E #412**
CITY-ST-ZIP **MONTREAL, QUEBEC H2Y- 4A2**

TITLE **D** ☒ Change ☐ Addition
NAME **CESARE, Lina**
STREET ADDRESS **791 De La commune St E. #412**
CITY-ST-ZIP **Montreal, Quebec H2Y 4A2**

TITLE **VD** ☐ Delete
NAME **SUREAU, PHILIPPE**
STREET ADDRESS **3200 TRAFALGAR AVE**
CITY-ST-ZIP **WESTMOUNT, QUEBEC H3Y- 1H7**

TITLE **D** ☒ Change ☐ Addition
NAME **SUREAU, Philippe**
STREET ADDRESS **3200 Trafalgar Ave**
CITY-ST-ZIP **Westmount, Quebec H3Y 1H7**

TITLE **S** ☐ Delete
NAME **DELISLE, NATHALIE**
STREET ADDRESS **218 UPPER EDISSON**
CITY-ST-ZIP **ST-LAMBERT, QUEBEC J4R- 3V8**

TITLE **D** ☐ Change ☒ Addition
NAME **EUSTACHE, Jean-Marc**
STREET ADDRESS **18 Hazelwood**
CITY-ST-ZIP **Outremont, Quebec H3T 1R3**

TITLE **V** ☐ Delete
NAME **VACHER, GEORGES**
STREET ADDRESS **10485 TOLHURST**
CITY-ST-ZIP **MONTREAL QUEBEC**

TITLE **PODBOUT, Daniel** ☐ Change ☒ Addition
NAME **GODBOUT, Daniel Nord**
STREET ADDRESS **555 Rapide Plat Nord**
CITY-ST-ZIP **St-Hyacinthe, Quebec J2S-8B1**

TITLE **V** ☐ Delete
NAME **FOSTER, PAUL**
STREET ADDRESS **4019 DORY COURT STREET**
CITY-ST-ZIP **MISSISSAUGA ONTARIO**

TITLE **VP** ☐ Change ☒ Addition
NAME **CARON, G r ald**
STREET ADDRESS **1750 Des Roses**
CITY-ST-ZIP **Val-David, Quebec J0T 2N0**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **CHARYSZ, Agnieszka**
STREET ADDRESS **4476 Ste-Catherine West #304**
CITY-ST-ZIP **Westmount, Quebec H3Z 1R7**

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:

Agnieszka Charysz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Agnieszka Charysz

April 27, 2001 514-987-1660

Date

Daytime Phone #

CR2E034 (10/00)