FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91788 009 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H28355

1. Entity Name

Velocity Air, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3500 Gateway Dr. #205	3500 Gateway Dr
Suite, Apt. #, etc. #205	Suite, Apt. #, etc. #205
City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33069-4870 Country U.S.A.	Zip 33069-4870 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2485116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Louis Cazella

Street Address (P.O. Box Number is Not Acceptable): 3500 Gateway Dr #205

City: Pompano Beach, FL FL Zip Code: 33069-4870

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: _____ 4/29/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1: May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President Louis Cazella 3500 Gateway Dr. #205 Pompano Beach, FL 33069-4870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #