

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90038 006 \*\*\*150.00

DOCUMENT # **K-90865**

1. Entity Name

**BEL AIR TRANSPORT SERVICES, INC.**  
**D/B/A AIRWAYS EXPRESS**

Principal Place of Business

Mailing Address

**5530 NW 21 TERRACE**  
**HANAU # 8**  
**FT. LAUDERDALE, FL 33309**

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

**65-0120827**

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

**ROBERT J. PATERNO**  
**2100 PONCE DE LEON BLVD.**  
**SUITE 1020**  
**CORAL GABLES, FL 33134**

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 15, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	ROBERT J. PATERNO	2100 PONCE DE LEON BLVD	SUITE 1020 CORAL GABLES, FL 33134	<input type="checkbox"/>
S/T	GARY ALEXANDER	601 NW 179 AVENUE #104	PEMBROKE PINES, FL 33029-2810	<input type="checkbox"/>
VP	JOSEPH HUSTA	5530 NW 21 TERRACE	HANAU # 8 FT. LAUDERDALE, FL 33309	<input type="checkbox"/>
P	GEORGETT JIMENEY	4035 S.W. 15 STREET F-208	ROMANA BEACH, FL 33069	<input checked="" type="checkbox"/>
VSD	CHRISTINE KAISER	1560 SE 23 STREET	FT. LAUDERDALE, FL 33315	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

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

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

**5/1/01**

Date

**954-450-0950**

Daytime Phone #

CR2E034 (10/00)