



FILED

03 SEP 22 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000007485			
1. Entity Name AIR SEA USA, LLC			
Principal Place of Business 8180 NW 36TH STREET, SUITE 100 MIAMI, FL 33166		Mailing Address 8180 NW 36TH STREET, SUITE 100 MIAMI, FL 33166	
2. Principal Place of Business 4805 NW 79 Ave		3. Mailing Address 4805 NW 79 Ave	
Suite, Apt. #, etc. -8-		Suite, Apt. #, etc. 8--	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166	Country USA	Zip 33166	Country USA
4. FEI Number 74-3040160		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOVAR, JOSE G C/O ARIAS TOVAR & ASSOCIATES, P.A. 8180 NW 36TH STREET, SUITE 100 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name ILAN BATIKOFF Street Address (P.O. Box Number is Not Acceptable) 4805 NW 79 AVE City MIAMI FL Zip Code 33166	
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  DATE 9/19/2003 <small>Signature, typewritten name of registered agent and title if applicable (NOTE: Registered Agents' names required when reinstating)</small>			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATIKOFF, ILAN 8180 NW 36TH STREET, SUITE 100 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BATIKOFF ILAN 4805 NW 79 AVE MIAMI FL 33166 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000023238710 09/22/03--01070--001 *\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 80B, Florida Statutes. SIGNATURE  DATE 9/19/3 (786) 344-2575 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

CPR0303 (10/02)