

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90710 042 ***158.75

DOCUMENT # L52150

1. Entity Name

MIAMI AIR INTERNATIONAL, INC.



Principal Place of Business

**5000 NW 36TH STREET
SUITE 307
MIAMI FL 33122
US**

Mailing Address

**P O BOX 660880
SUITE 302
MIAMI SPRINGS FL 33266
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0174270

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

Name

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

City

FL

Zip Code

**O'NAGHTEN, JUAN T
2665 S BAYSHORE DR
SUITE 1100 GRAND BAY PLAZA
MIAMI FL 33133**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIR** ☒ Delete
NAME **FITZGERALD, BRIAN**
STREET ADDRESS **13590 SW 67 CT**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **C.F.O.** ☐ Change ☒ Addition
NAME **Scott Peterson**
STREET ADDRESS **1835 Eagle Trace Blvd East**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **VPO** ☐ Delete
NAME **PROIA, JAMS**
STREET ADDRESS **3600 WASHINGTON LA**
CITY-ST-ZIP **COOPER CITY FL**

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

TITLE **CEOP** ☐ Delete
NAME **FISCHER, DOUGLAS R**
STREET ADDRESS **7690 SW 127 STREET**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **V** ☐ Delete
NAME **CONSERV, ROBERT**
STREET ADDRESS **5000 NW 36TH ST**
CITY-ST-ZIP **MIAMI FL 33266**

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

TITLE **BM** ☐ Delete
NAME **MORGAN, JAMES**
STREET ADDRESS **1031 EXECUTIVE PARKWAY**
CITY-ST-ZIP **SAINT LOUIS MO 63141**

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

TITLE ☐ Delete
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Peterson

3/12/03

(305) 876-3630

Date

Daytime Phone #

CR2E034 (10/02)