

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014216 AF

DOCUMENT # L98000000339

1. Entity Name  
AIR CARGO ASSOCIATED, L.C.

00 APR 29 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2461 N.W. 67TH AVENUE.  
BUILDING 700. STE. A-280  
MIAMI FL 33122

Mailing Address  
P. O. BOX 59-3355  
MIAMI FL 33159-3355



2. Principal Place of Business  
Suite, Apt. #, etc. *Suite 205*

3. Mailing Address  
*4 Grand St.*

City & State  
*Suite 205*

City & State  
*Bethel, CT*

Zip  
*06801*

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number *MMM*  
65-0853673

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
VISCONTI, FRANCIS J  
2461 N.W. 67TH AVENUE  
BLDG. 700, STE. A-280  
MIAMI FL 33122

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM VISCONTI, FRANCIS J 2461 N.W. 67TH AVE. BLDG. 700, STE. A-280 MIAMI FL 33122 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM FARRELL, JAMES O 2461 N.W. 67TH AVE. BLDG. 700, STE A-280 MIAMI FL 33122 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003250020--9 -05/12/00--01024--021 *****50.00 *****50.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4-24-00 203 798-1500  
Date Daytime Phone #

CR2E088 (9/98)