## **2000 UNIFORM BUSINESS REPORT (UBR)**

		DUSINESS NEFO	TIL JOUR	<u>.</u>
DOCUMENT # L9900009144  1. Entity Name				FIČED
DAS AIR CARGO USA, L.L.C.				SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business Mailing Address				00 SEP 18 AH 10: 02
2466 W. SANDLAKE ROAD ORLANDO FL 32809  2466 W. SANDLAKE ROAD ORLANDO FL 32809			D	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number   Applied For   Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S \$5.00 Additional Fee Required
	6. Name and Address of	f Current Registered Agent	Name	7. Name and Address of New Registered Agent
POOLE, WILLIAM F IV			Name	ومسيمين بالمنافضين بين الأنشاء والمنافضين والمتواد
Street Address (P.O. Box Number is Not Acceptable)  200 E. ROBINSON ST., STE. 1180				
ORLANDO FL 32801				·
			City	FL Zip Code
8. The above	named entity submits this sta	atement for the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida.
SIGNATURE .				
	Signature, typed or printed name of regi		E: Registered Agent signature	
			OW!!! FEE IS \$50 yable to Departmo	
9.	MANAGIN	G MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGR	☐ Delete	TITLE NAME	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	PHIPPS, TERRY 2466 SANDLAKE ROAD ORLANDO FL 32809		STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	4000034105342 -10/02/0001010006 ******55.00 ******55.00
TITLE		☐ Defete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		_	NAME STREET ADDRESS	·
CITY-ST-ZIP			CÎTY-ST-ZIP	
NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
TITLE		Delete	CITY-ST-ZIP	Change Addition
NAME ;		L October	NAME	_ volv _ i volv
STREET ADDAESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	,
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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURA MATERIALIDED				
SIGNATURE: SIGNATURE AND THIS OF PRINTED NAME OF SIGNAY MANAGER Date Device Printed Name of Signay Managing Member or Manager Date Device Printed Date				