

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61279

1. Entity Name

AUTAIR FREIGHT SERVICES, INC.

Principal Place of Business

7301 NW 34TH ST  
MIAMI FL 33122

Mailing Address

7301 NW 34TH ST  
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LOWENSTEIN, ELLIOT  
2100 SALZEDO ST  
STE 303  
CORAL GABLES, FL 33134

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

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 1, 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

TITLE ☐ Delete  
NAME D JACKSON, PETER  
STREET ADDRESS PERCIVAL WAY  
CITY-ST-ZIP LUTON, BEDFORDSHIRE

TITLE ☐ Delete  
NAME D WILSON, STEPHEN GARY  
STREET ADDRESS 25 ELIZABETH AVE.  
CITY-ST-ZIP SURREY, ENGLAND

TITLE ☐ Delete  
NAME SRVP CARRILLO, TERESA  
STREET ADDRESS 7301 NW 34 STREET  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME S WHITAKER, PAUL S  
STREET ADDRESS 7301 NW 34 ST  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Delete  
NAME V MONTENEGRO, N  
STREET ADDRESS 7301 NW 34TH STREET  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

Date

Daytime Phone #

4/19/2001

305-594-4449

X 201



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)