

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90082 020 ***150.00

DOCUMENT # P00000052356

1. Entity Name
AIR CARRIER LOGISTICS, INC.

Principal Place of Business

**8515 NW 29 STREET
 MIAMI FL 33122**

Mailing Address

**8515 NW 29 STREET
 MIAMI FL 33122**

2. Principal Place of Business

**1602 NW 84 AVE.
 Suite, Apt. #, etc.**

3. Mailing Address

**1602 NW 84 AVE.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **65-1016679**

Applied For
 Not Applicable

Zip
33126

Country
U.S.A.

Zip
33126

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JARAMILLO, CARLOS E
 8515 NW 29 STREET
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **Jaramillo, Carlos E**
 Street Address (P.O. Box Number is Not Acceptable)
1602 NW 84 AVE
 City **Miami, FL** Zip Code **33126**

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 **April 5/02**

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, 2002 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	PD	<input checked="" type="checkbox"/> Delete
NAME	JARAMILLO, CARLOS E	
STREET ADDRESS	8515 NW 29 STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	AZCARATE, GILBERTO U	
STREET ADDRESS	8515 NW 29 STREET	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALFONSO, JORGE E	
STREET ADDRESS	1601 NW 84TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARAMILLO, CARLOS E	
STREET ADDRESS	1602 NW 84 AVE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORIBE, GILBERTO	
STREET ADDRESS	1602 NW 84 AVE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pineda, Astrid	
STREET ADDRESS	1602 NW 84 AVE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **April 5/02** DAYTIME PHONE # **305-593-9999**

CR2E034 (9/01)