

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90062 044 \*\*\*150.00

**DOCUMENT # P00000059138**

1. Entity Name

**AIR SOUTH GROUP, INC.**

Principal Place of Business

**11335 S.W. 65TH STREET**  
**MIAMI FL 33173**

Mailing Address

**11335 S.W. 65TH STREET**  
**MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-1021401**

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

**RAMOS, PRISCILLA P**  
**11258 S.W. 71ST LANE**  
**MIAMI FL 33173**

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, 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** **PSD** ☐ Delete  
**NAME** **RAMOS, PRISCILLA P**  
**STREET ADDRESS** **11335 S.W. 65TH STREET**  
**CITY-ST-ZIP** **MIAMI FL 33173**
**TITLE** **VP** ☐ Delete  
**NAME** **RAMOS, ALEJO P**  
**STREET ADDRESS** **VIAMONTE 50 6TH FLOOR #2**  
**CITY-ST-ZIP** **RAMOS MEJIA BUHNOJAINES 2CP-1704**
**TITLE** **D** ☐ Delete  
**NAME** **RAMOS, EZEQUIEL P**  
**STREET ADDRESS** **11335 S.W. 65TH STREET**  
**CITY-ST-ZIP** **MIAMI FL 33173**
**TITLE** **D** ☐ Delete  
**NAME** **SANGUINETTI, BEATRIZ**  
**STREET ADDRESS** **11258 SW 71 LANE**  
**CITY-ST-ZIP** **MIAMI FL 33173**
**TITLE** **D** ☐ Delete  
**NAME** **RAMOS, PATRICIO P**  
**STREET ADDRESS** **11258 SW 71 LANE**  
**CITY-ST-ZIP** **MIAMI FL 33173**
**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** **D** ☐ Change ☒ Addition  
**NAME** **HERNAN FEDERICO TURTULA**  
**STREET ADDRESS** **600 THREE ISLANDS BLVD. APT 1118**  
**CITY-ST-ZIP** **HALLANDALE BEACH, FL 33009**

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:

*Priscilla Peralta Ramos*  
**Priscilla Peralta Ramos**

01/15/02

(305) 275-8696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)