## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P00000059138 DOCUMENT #

1. Entity Name

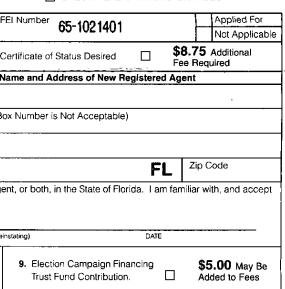
AIR SOUTH GROUP, INC.



Principal Place of Business Mailing Address 11335 S.W. 65TH STREET 11335 S.W. 65TH STREET **MIAMI FL 33173** MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 65-1021401 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMOS, PRISCILLA P. Street Address (P.O. Box Number is Not Acceptable) 11258 S.W. 71ST TANE **MIAMI FL 33173** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2503, Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** Delete TITLE Change ☐ Addition RAMOS, PRISCILLA P NAME STREET ADDRESS 11335 S.W. 65TH STREET STREET ADDRESS **MIAMI FL 33173** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition RAMOS, ALEJO P NAME NAME STREET ADDRESS VIAMONTE 50 6TH FLOOR #2 STREET ADDRESS CITY-ST-ZIP RAMOS MEJIA BUHNOJAINES 2CP-1704 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

## FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90146 030 \*\*\*150.00



RAMOS. EZEQUIEL P NAME NAME STREET ADDRESS 11335 S.W. 65TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP TITLE D ☐ Delete ☐ Change ☐ Addition SANGUINETTI, BEATRIZ NAME STREET ADDRESS 11256 SW 71 LANE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-7IP ☐ Delete TITHE ☐ Change ☐ Addition RAMOS, PATRICIO P NAME 11258 SW 71 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME TURTULA, HERMAN F NAME STREET ADDRESS 600 TUREE ISLANDS BLVD., APT. 1118 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with other like empowered

SIGNATURE: