2001 UNIFORM BUSINESS REPORT (UBR)

חחכוו								
1. Entity Nam	MENT	# P000000	59770		,			,
SEAIR TRANSPORT CORPORATION						TAL	SE	
Principal Place of Business Mailing Address						L'AHAV	1 SEP 21	1 9
	,					-	7 3 3 T	
Principal Place of Business 3. Mailing Address				,		Г С	75 S	The state of
2013 NW 79 Avenue P.O. Box				32431		골걸 으		
Suite, Apt. #, etc. Miami, F1 33122			Suite, Apt. #, etc.			DO NOT WRITE THIS SPACE		
City & State		<i></i>	City & State		4. 1	FEI Number	Aı	pplied For
			Miami, Fl	33243-2431	1 6	55-1024342	N	ot Applicable
Zip		Country	Zip	Country .	ĺ	Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name	and Address of Curre	ent Registered Agent		7. 1	Name and Address of New Reg	istered Agent	
				Name			.7	
·			•	Street A	Maria_Ed ddress (P.O. B 2013 NW	dilma Riveros Nox Number is Not Acceptable) 79 Avenue		
				City M:	iami, Fl		FL Zip Coo	de 122
8. The above	named entity	/submits This statemen	t for the purpose of changing i	ts registered office or	registered ag	ent, or both, in the State of Florid	a.	
	~-//	-// C	1 -					
OLONATURE		H. 1. 12/1	hills					į
SIGNATURE .	Signature typed	or printed name of register of ag	pent and title if applicable. (NC	TE: Registered Agent signatu	re required when re	einstating)	DATE	
	- / /	7/				T***		
Tax filing r		ible to satisfy its Intangi	NO I FILE NOVA					I
Libee criter	•	and elects to dó so.	_ After MAY 1, 2	/!!! FEE IS \$150. 001 Fee will be \$5	50.00	10. Election Campaign Finant Trust Fund Contribution.	~ ~~	00 May Be d to Fees
	ria on back)	ind elects to dó so.	After MAY 1, 2 Make Check Paya	001 Fee will be \$5 able to Departmen	50.00 of State	Trust Fund Contribution.	☐ Adde	d to Fees
11.	•	ind elects to đổ số.	After MAY 1, 2 Make Check Paya ND DIRECTORS	001 Fee will be \$5 able to Department 12.	50.00 of State	1	Adde	d to Fees
11.	•	ind elects to đổ số.	After MAY 1, 2 Make Check Paya	12.	50.00 of State	Trust Fund Contribution.	☐ Adde	d to Fees
11. TITLE NAME	ria on back)	and elects to dó so. OFFICERS AN	After MAY 1, 2 Make Check Paya ND DIRECTORS	12. TILE NAME	50.00 of State	Trust Fund Contribution.	Adde	d to Fees
11. TITLE NAME STREET ADDRESS	P Hector	ond elects to dó so. OFFICERS AN	After MAY 1, 2 Make Check Paya ND DIRECTORS Delete	able to Department 12. TITLE NAME STREET ADDRESS	50.00 of State	Trust Fund Contribution.	Adde	d to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hector 2013 N	ond elects to dó so. OFFICERS AN	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	50.00 of State	Trust Fund Contribution.	☐ Added	d to Fees IS IN 11 Addition
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P Hector 2013 N	ond elects to dó sò. OFFICERS AN Sotelo W 79 Avenue,	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	50.00 of State	Trust Fund Contribution.	Adde	d to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P Hector 2013 N VD Luis	OFFICERS AND SOLUTION OF SOLUT	After MAY 1, 2 Make Check Paya ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	50.00 of State	Trust Fund Contribution.	☐ Added	d to Fees IS IN 11 Addition
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P Hector 2013 N VD Luis 2013	OFFICERS AND Solution of Sol	After MAY 1, 2 Make Check Paya ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	50.00 of State	Trust Fund Contribution.	☐ Added	d to Fees IS IN 11 Addition
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hector 2013 N VD Luis 2013 Miam	OFFICERS AND SOLUTION OF SOLUT	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ne 33122	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	50.00 of State	Trust Fund Contribution.	Adder	SIN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P Hector 2013 N VD Luis 2013 Miam	OFFICERS AND OFFIC	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ne 33122	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	50.00 of State	Trust Fund Contribution.	Adder	d to Fees RS IN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P Hector 2013 N VD Luis 2013 Miam	OFFICERS AND Solution of Sol	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ne 33122	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	50.00 of State	Trust Fund Contribution.	Adder	d to Fees RS IN 11 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P Hector 2013 N VD Luis 2013 Miam	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ne 33122	### ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder	d to Fees IS IN 11 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ae 33122 Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	50.00 of State	Trust Fund Contribution.	Adder	Addition Addition Addition Addition Addition O09
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ne 33122	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder	d to Fees IS IN 11 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ae 33122 Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder	Addition Addition Addition Addition Addition O09
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ae 33122 Delete	### ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder	Addition Addition Addition Addition Addition O09
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ae 33122 Delete Delete	DOO1 Fee will be \$5 able to Department 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder ERS AND DIRECTOR Change Change 1 3 3 2 Change Change Change	Addition Addition Addition Addition Addition Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ae 33122 Delete	### ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder	Addition Addition Addition Addition Addition O09
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ae 33122 Delete Delete	DOO1 Fee will be \$5 able to Department 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder ERS AND DIRECTOR Change Change 1 3 3 2 Change Change Change	Addition Addition Addition Addition Addition Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ae 33122 Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder ERS AND DIRECTOR Change Change 1 3 3 2 Change Change Change	Addition Addition Addition Addition Addition Addition Addition Addition Addition
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ie 33122 Delete Delete	DOO1 Fee will be \$5 able to Department 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder RS AND DIRECTOR Change Change 1 9 3 3 2 - 1 - 0 1 0 4 Change Change	d to Fees IS IN 11 Addition Addition Addition OOS Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ae 33122 Delete Delete	### ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder ERS AND DIRECTOR Change Change 1 3 3 2 Change Change Change	Addition Addition Addition Addition Addition Addition Addition Addition Addition
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ie 33122 Delete Delete	### TOTAL PROOF TO THE PROOF TO	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder RS AND DIRECTOR Change Change 1 9 3 3 2 - 1 - 0 1 0 4 Change Change	d to Fees IS IN 11 Addition Addition Addition OOS Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ae 33122 Delete Delete	### TOTAL PROPERTY OF THE PROP	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder RS AND DIRECTOR Change Change 1 9 3 3 2 - 1 - 0 1 0 4 Change Change	d to Fees IS IN 11 Addition Addition Addition OOS Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P Hector 2013 N VD Luis 2013 Mian S Maria	OFFICERS AND SOLUTION OFFICERS AND TO AVENUE, SAIfredo San Bon NW 79 Avenue, SAIfredo San Rough NW 79 Avenue, SAIfredo San Bon NW 79 Avenue, SAIfredo	After MAY 1, 2 Make Check Pays ND DIRECTORS Delete Miami, F1 33122 Delete achez Beltran ae 33122 Delete Delete	### TOTAL PROOF TO THE PROOF TO	50.00 of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICE 200046 -10/01/0	Adder RS AND DIRECTOR Change Change 1 9 3 3 2 - 1 - 0 1 0 4 Change Change	d to Fees IS IN 11 Addition Addition Addition OOS Addition Addition Addition

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:

SHORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-01. (305)

Daytime Phone #

ma Phone #

CR2E034 (11/00)

SEAIR TRANSPORT CORPORATION DOC.#P00000059770

O1 SEP 21 PM 2: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF MAILING ADDRESS I NEVER RECEIVED FIRST NOTICE OF SUCH REPORT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY,

MARIA EDILMA RIVEROS

PKESIDENT