

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

FILED

02 DEC -9 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000060106

1. Entity Name

Airway Logistics, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

931 Nautilus Isle

3. Mailing Address

931 Nautilus Isle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dania Beach, FL

City & State

Dania Beach, FL

4. FEI Number

651018190

Applied For

Not Applicable

Zip

33004

Country

USA

Zip

33004

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ricardo A. Salazar

Street Address (P.O. Box Number is Not Acceptable)

931 Nautilus Isle

City

Dania Beach

FL

Zip Code

33004

**DO NOT WRITE
IN THIS SPACE**

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
— Amended UBR is \$61.25 —
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 NAME STREET ADDRESS CITY-ST-ZIP	PD Ricardo A. Salazar 931 Nautilus Isle Dania Beach, FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Andres S. Salazar 931 Nautilus Isle Dania Beach, FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nicole M. Salazar 931 Nautilus Isle Dania Beach, FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/06/02

Date Daytime Phone #

CR2E034B (12/01)