

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065586

1. Entity Name
AIRWAYS EXPRESS, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90156 021 ***150.00

Principal Place of Business

700 NE 90 ST STE B
MIAMI FL 33138

Mailing Address

700 NE 90 ST STE B
MIAMI FL 33138

2. Principal Place of Business

5530 N.W. 21 TERRACE

3. Mailing Address

5530 N.W. 21 TERRACE

Suite, Apt. #, etc.

HANGAR #8

Suite, Apt. #, etc.

HANGAR #8

City & State

FT. LAUDERDALE, FLA.

City & State

FT. LAUDERDALE, FLA.

Zip

33309

Country

U.S.A.

Zip

33309

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1024483

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

PATERNO, ROBERT J
700 NE 90 ST STE B
MIAMI FL 33138

Name

ROBERT J. PATERNO

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

2100 PONCE DE LEON BLVD.

Suite 1020

City

CORAL GABLES

FL

Zip Code

33134

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

APR 13, 2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS PATERNO, ROBERT J
CITY-ST-ZIP 700 NE 90 ST STE B
MIAMI FL 33138

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2100 PONCE DE LEON BLVD. Suite 1020
CITY-ST-ZIP CORAL GABLES, FLA. 33134

TITLE ☐ Delete
NAME SEC. / TRE.
STREET ADDRESS GARY ALEXANDER
CITY-ST-ZIP 601 NW 179 AVENUE #10Y
PEMBROKE PINES, FL 33029-2800

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 13, 2001

Date

305-913-0320

Daytime Phone #

CR2E034 (10/00)