2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90293 040 ***150.00

DOCUMENT # P00000071262

1. Entity Name
AIR CHARTER NETWORK, INC.

Principal Place of Business	Mailing Address
3085 NW 4TH STREET MIAMI FL 33125	3085 NW 4TH STREET MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4471 NW 36th ST.		P.O. Box 660808	
Suite, Apt. #, etc. 231		Suite, Apt. #, etc.	
City & State Miami Springs, FL		City & State Miami Springs, FL	
Zip 33166	Country USA	Zip 33266	Country USA

4. FEI Number 65-1031327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYHEW, CLIFF
3085 NW 4TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name Cliff Mayhew
Street Address (P.O. Box Number is Not Acceptable)
4471 NW 36th ST. #231
City Miami Springs Zip Code 33166

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] Cliff Mayhew
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MAYHEW, CLIFF 3085 NW 4TH STREET MIAMI FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4471 NW 36th ST, #231 Miami Springs, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Cliff Mayhew 4/19/01 305-885-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)