

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 035 ***150.00

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

DOCUMENT # **P000000 71262**

1. Entity Name

AIR CHARTER NETWORK, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3601 SW 16 ST

3. Mailing Address

P.O. Box 660808

Suite, Apt. #, etc.

R

Suite, Apt. #, etc.

H

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI SPRINGS, FL

4. FEI Number

65-1031327

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33266

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **CLIFF MAYHEW**

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

3601 SW 16 ST, # R

City

MIAMI

FL

Zip Code

33145

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 resigning)

DATE

4/26/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **CLIFF MAYHEW**
STREET ADDRESS **3601 SW 16 ST, # R**
CITY-ST-ZIP **MIAMI, FLORIDA - 33145**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)