## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with ag

SIGNATURE:

address, with all other like empowered.

## May 05, 2001 8:00 am Secretary of State DOCUMENT # P0000091539 FLIGHTACCESS SUPPORT GROUP, INC. 05-05-2001 90828 042 \*\*\*158.75 Principal Place of Business Mailing Address 4051 NW 145 STREET 4051 NW 145 STREET MIAMI FL 33054 MIAMI FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 4051 NW 145 STREET MIAMI FL 33054 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition ☐ Delete NAME RODRIGUEZ, ALEXANDER NAME STREET ADDRESS STREET ADDRESS 4051 NW 145 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33054** D TITLE ☐ Delete TITLE Change Addition DE ORBEGOSO, CARMELA NAME NAME STREET ADDRESS 4051 NW 145 STREET STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **MIAMI FL 33054** TITLE D ☐ Delete TITLE Change ☐ Addition MARCHESE, RAUL NAME NAME STREET ADDRESS 4051 NW 145 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 CITY-ST-ZIP ☐ Delete 311118 Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS 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