JUN. 5.2002 2:28PM JARVIS & ASSOCIATES

FOR PROFIT CORPORATION - AMENDED UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State
02-26-2002 90064 035 ***150.00
06-11-2002 90151 029 ****61.25

DOCUMENT # P00000096754

1. Entity Name

STRATEGIC AIR SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1701 NW 66 Avenue		9737 NW 41 Street	
Suite, Apt. #, etc. Bldg. 709		Suite, Apt. #, etc. # 258	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33122	Country USA	Zip 33178	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 651053300 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name

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

City FL Zip Code

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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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 $61.25 After May 1: Fee is $461.25 Amended UBR Fee $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	P	TITLE	
NAME	Terrence N. Went	NAME	
STREET ADDRESS	1701 NW 66 Avenue, Bldg. 709	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33122	CITY-ST-ZIP	
TITLE	S/T	TITLE	
NAME	Sandra A. Pelissoni	NAME	
STREET ADDRESS	1701 NW 66 Avenue, Bldg. 709	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33122	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] President 6-5-02 (305) 876-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #