

2008

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

**FILED
May 09, 2008 8:00 am
Secretary of State**

05-09-2008 90007 018 ***150.00

DOCUMENT # P00000099909
1. Entity Name Advance Air Services, Inc.

DO NOT WRITE IN THIS SPACE

40100077

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2. Principal Place of Business 11460 S.W. 74th Terr. Suite, Apt. #, etc.		3. Mailing Address 11460 S.W. 74th Terr. Suite, Apt. #, etc.		4. FEI Number 65-1049568	Applied For <input type="checkbox"/> Not Applicable
City & State Miami, FL	City & State Miami, FL			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33173-2616	Country USA	Zip 33173-2616	Country USA		

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7. Name and Address of Current Registered Agent

Name
Bernal, Isidro
Street Address (P.O. Box Number is Not Acceptable)
11460 S.W. 74th Terr.
City
Miami **FL** **Zip Code**
33173-2616

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 reinstating)

DATE

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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Bernal, Isidro 11460 S.W. 74th Terr. Miami, FL 33173	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 #

Isidro Bernal

4/23/08

305-273-3889

CR2E034B (12/02)