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## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 30, 2002 8:00 am P00000103333 DOCUMENT # **Secretary of State** MARATHON AIRWAYS AND SERVICES, INC. 01-30-2002 90079 015 \*\*\*150.00 Principal Place of Business Mailing Address 6311 N.W. 38TH TERRACE 6311 NAV. 38TH TERRACE 00013486 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 7430 N.W.&SSS+ 7430 NIW. TT STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1138875 MIPM. MIAM Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired U.S.P N) SO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent sivero ه*م می*ل GOMEZ, LISETHE Street Address (P.O. Box Number is Not Acceptable) 8251-D S.W. 107TH AVENUE 7430 N.W.55 5+ **MIAMI FL 33173** Zip Code MIBMI PL 3316 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President PD Addition CR2E034 (9/01 TITLE ☐ Delete TITLE GOMEZ LIZZETTE RIVERA, JUAN NAME NAME 7430 N.W. 5574 St 7430 NW 55TH STREET STREET ADDRESS STREET ADDRESS MIAMI PL. 33166 MIAMI FL 33166 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete QUEAR JUAN GOMEZ, LISETHE NAME NAME 7430 N.W. 5555 8251-D S.W. 107 AVE STREET ADDRESS STREET ADDRESS MIPMIFL 33/66 CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other

Date