

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006896 AT

DOCUMENT # P01000003633

1. Entity Name
FLORIDA AIR EXPRESS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 29 AM 8:00

REINSTATEMENT 03

Principal Place of Business
523 S ANDREWS AVENUE
FORT LAUDERDALE FL 33301

Mailing Address
523 S ANDREWS AVENUE
FORT LAUDERDALE FL 33301



2. Principal Place of Business
3200 S. ANDREWS AVE
Suite, Apt. #, etc. 114
City & State FORT LAUDERDALE FL
Zip 33316 Country USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

☒ CHECK HERE IF MAKING CHANGES *MRS*

4. FEI Number 65-1066224
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ACHILLE, JEAN R
523 S ANDREWS AVENUE
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name JEAN R. ACHILLE
Street Address (P.O. Box Number is Not Acceptable) 3200 S. ANDREWS AVE SUITE 114
City FORT LAUDERDALE FL Zip Code 33316

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 *Jean R. Achille* DATE 3/30/03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME	PTR ACHILLE, JEAN R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	523 S ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PRES-TREASURER JEAN R. ACHILLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3200 S. ANDREWS AVE SUITE 114	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE NAME	V-PRES/SEC MARIE M. PAUL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1407 N. 74 TER	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jean R. Achille* DATE 3/30/03 (954) 763-8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)