FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2002 8:00 am Secretary of State DOCUMENT # P01000032968 1. Entity Name 09-12-2002 90067 032 ***550.00 TRANS ATLANTIC CHARTERS, INC. Principal Place of Business Mailing Address Dataiata C/O ROGER BARRY DAVIS. ATTORNEY AT LAW C/O ROGER BARRY DAVIS. ATTORNEY AT LAW 1955 TYLER STREET 1955 TYLER STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 471 AJUMUNUA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 14/lün Aü le City & State Applied For Not Applicable \$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 DAVIS, ROGER B Street Address (P.O. Box Number is Not Acceptable) 1955 TYLER STREET HOLLYWOOD FL 33020 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. I am familiar with, and accept the obligations of registered agent. ed 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ☐ Delete TITLE ☐ Change ☐ Addition NAME SHLAEN, ALEX NAME STREET ADDRESS 1955 TYLER STREET STREET ADDRESS CR2E034 CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

KATURE REQUIRED

☐ Delete

Change

☐ Addition

(4/02)