FILED Apr 21, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100048023 1. Entity Name AIR SUPERIORITY, INC.			03-22-2002 90052 0	
Principal Place of Business 18821 MUSTANO TRAIL PORT LAUDERDALE FL 33330 7750 FINES BLVD. #9 PEMBROKE PINES, FL 3330 2. Principal Place of Business PEMBROKE PINES FL Suite, Apt. #, etc. PCity & State PEMBROKE PINES, FL	3. Malling Address 7750 PINES BL Suite. Apt. #, etc. City & State	ine as Siness LVD. #9	DO NOT WRITE IN THIS SP 4. FEI Number 65-1125320	Applied For Not Applicable
33024 Country USA 6. Name and Address of Current R	33024	Country USA		8.75 Additional
FISCHILER, MICHAEL A ESC: FISCHILER, & FRIEDMAN, P.A. -116 S.E. GTH COURT FORT LAUDERDALE FL 88891-		Street Address (F	LIAN R. VRASTIL O. BOX Number is Not Acceptable). #9 BROKE PINES FL	
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 Fibrida. AIR JUPE DOBITY, INC. SIGNATURE W.: Signature, INTO Puripose of Paragraphic agent of D. (AUSTIT) L., VICE: Edition (Austit) August and August agent of August agent agent of August agent age				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.0 Make Check Payable to Department of \$		Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND D TITLE D / RESIDENT NAME TERF: H. Vrastil # 9 STREET ADDRESS 1750 IMES BLVD. # 9 CITY-SI-ZIP PENBROKE PINES, FL	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND D	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FR	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		Change 🗆 Addition 🕏
NAME STREET ADDRESS	Delete	HAME STREET ADDRESS		Change Addition.
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delcte	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-71P	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delote	TITLE NAME STREET ADDRESS CITY- ST- ZIP	C.	Change Addition
13. I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver of the corporation of the	nis filling does not qualify for the the and accurate and that my si tyes. The position has report as re in all other like empowered.	exemption stated in Sec gnature shall have the sa equired by Chapter 607,	tion 119.07(3)(i), Florida Statutes. I further certify ime legal effect as if made under oath; that I am Florida Statutes; and that my name appears in B	that the information an officer or director lock 11 or Block 12 II