

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90164 042 ***150.00

DOCUMENT # P01000057168

1. Entity Name
T.G. AIR LOGISTICS, INC.

Principal Place of Business

**2255 N.W. 102 PLACE
 MIAMI FL 33172**

Mailing Address

**2255 N.W. 102 PLACE
 MIAMI FL 33172**

2. Principal Place of Business

8900 NORTH WEST 35 LANE

3. Mailing Address

8900 NORTH WEST 35th LANE

Suite, Apt. #, etc.

140

Suite, Apt. #, etc.

140

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

05-1113211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOMASEWSKY, DANIEL
 2255 N.W. 102 PLACE
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

DOMASZENSKI, DANIEL

Street Address (P.O. Box Number is Not Acceptable)

8900 NORTH WEST 35 LANE

SUITE 140

City

MIAMI

FL

Zip Code

33172

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **RAMIS, OSVALDO**
 STREET ADDRESS **2255 N.W. 102 PLACE**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)