

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90180 014 ***150.00

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1. Entity Name

ALENIA AIR INC



Principal Place of Business
6025 NW 18 ST BLDG 716 E
602
MIAMI FL 33122

Mailing Address
9725 HAMMOCKS BLVD
103
MIAMI FL 33196



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1141247**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BETANCOURT, ABELARDO
11723 SE 129 PL
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **Carolyn Schmidt**
Street Address (P.O. Box Number is Not Acceptable) **9725 Hammocks Blvd**
103
City **Miami** FL Zip Code **33196**

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 **Carolyn Schmidt - Vice President** DATE **4/24/2003**
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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	BETANCOURT, ABELARDO	
STREET ADDRESS	11723 SW 129 PL	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SCHMIDT, CAROLYN	
STREET ADDRESS	9725 HAMMOCKS BLVD 103	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
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: **Carolyn A. Schmidt** DATE **4/24/2003** DAYTIME PHONE # **305-871-7005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)