

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077392

1. Entity Name
BETA AIR SERVICES, INC.



FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90132 040 ***150.00

Principal Place of Business
8360 W FLAGLER ST STE 110
MIAMI FL 33144

Mailing Address
8360 W FLAGLER ST STE 110
MIAMI FL 33144

90012112



2. Principal Place of Business
13800 SW 8 ST.

Suite, Apt. #, etc.
117

City & State
MIAMI, FL

Zip
33184

Country

3. Mailing Address
13800 SW 8 ST.

Suite, Apt. #, etc.
117

City & State
MIAMI, FL

Zip
33184

Country

4. FEI Number 65-1016697

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OLIVERA, JORGE RAUL
8360 W FLAGLER ST STE 110
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name OLIVERA, JORGE RAUL

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

13800 SW 8 ST. # 117

City MIAMI

FL

Zip Code 33184

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 JORGE R. OLIVERA

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

(NOTE: Registered Agent signature required when reinstating)

01/27/03.

DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLIVERA, JORGE RAUL	
STREET ADDRESS	8360 W FLAGLER ST STE 110	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

JORGE R. OLIVERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/27/03. (305) 218-0182

CR2E034 (10/02)