FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted]
01-14-2002 90055 014 ***150.00
P01000117380

FILED
02 FEB 13 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
80001913

DOCUMENT # P01000117380

1. Entity Name
AIRBORNE BP108, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
9650 4th ST. N.	Same.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State
Zip: 33702 Country: PINELLAS	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3760260 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: DALILA ELAOUD

Street Address (P.O. Box Number is Not Acceptable): 9650 4th ST. N.

City: ST. PETERSBURG FL Zip Code: 33702

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: [redacted] Elaoud DATE: 12/22/01
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	DALILA ELAOUD
STREET ADDRESS	9650 4th ST. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	18

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elaoud Dalila 12/27/01 727-577-7929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #