

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90447 042 ***150.00

DOCUMENT # P01000118494

1. Entity Name
OCEAN AIR TRANSPORT, INC.



Principal Place of Business
**12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON FL 33414**

Mailing Address
**12765 FOREST HILL BLVD., SUITE 1302
WELLINGTON FL 33414**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0553279**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DE MENDOZA, MARIO G III EOG~~
~~251 ROYAL PALM WAY STE 602~~
~~PALM BEACH FL 33480~~

Name **Mario G. de Mendoza, III, P.A.**

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

12765 Forest Hill Blvd.

Suite 1302

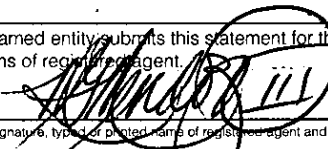
City

Wellington

FL

Zip Code
33414

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  **Mario G. de Mendoza, III, President** **1/15/03**

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
NAME **PASA, JAMES**
STREET ADDRESS **251 ROYAL PALM WAY STE 602**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DPST** ☒ Change ☐ Addition
NAME **Pasa, James**
STREET ADDRESS **12765 Forest Hill Blvd., Suite 1302**
CITY-ST-ZIP **Wellington FL 33414**

TITLE **AS** ☐ Delete
NAME **DE MENDOZA, MARIO G III**
STREET ADDRESS **251 ROYAL PALM WAY STE 602**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **AS** ☒ Change ☐ Addition
NAME **de Mendoza, Mario G. III**
STREET ADDRESS **12765 Forest Hill Blvd., Suite 1302**
CITY-ST-ZIP **Wellington FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 or without other like empowered.

SIGNATURE:

 **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Pasa, President **01/29/03** **(561) 233-7200**

Date

Daytime Phone #

CR2E034 (10/02)