

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90079 006 ***150.00

UBR 149 A1

DOCUMENT # P02000015972



1. Entity Name
MIA AIRLINE SERVICES, INC.

Principal Place of Business
**MIA BUILDING 874
ROOM 126
MIAMI FL 33152**

Mailing Address
**P.O. BOX 998912
MIAMI FL 33299-891**



2. Principal Place of Business

3. Mailing Address

PO Box 998912

PO Box 998912

Suite, Apt. #, etc.
Miami

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami Florida

City & State
Miami FL

4. FEI Number
45-0466539

Applied For
Not Applicable

Zip
33299-8912

Country
USA

Zip
33299-8912

Country
USA

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

**MENDEZ, JORGE A
MIA BLDG 874
ROOM 126
MIAMI FL 33152**

Name
Jorge A. Mendez

Street Address (P.O. Box Number is Not Acceptable)
8975 SW 75 ST

City **Miami** **FL** Zip Code **33173**

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar 15/2003

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 Delete
NAME **MENDEZ, JORGE A**
STREET ADDRESS **MIA BLDG 874, ROOM 126**
CITY-ST-ZIP **MIAMI FL 33152**

TITLE Change Addition
NAME **Mendez Jorge A**
STREET ADDRESS **8975 SW 75 ST**
CITY-ST-ZIP **Miami FL 33173**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15/2003 786-2657061

Date

Daytime Phone #

CR2E034 (10/02)