

**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	<input type="checkbox"/> Delete
NAME	<b>MENDEZ, JORGE A</b>
STREET ADDRESS	<b>MIA BLDG 874, ROOM 126</b>
CITY-ST-ZIP	<b>MIAMI FL 33152</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mendez Jorge A</b>
STREET ADDRESS	<b>8975 SW 75 ST</b>
CITY-ST-ZIP	<b>Miami FL 33173</b>
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
NAME	
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: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mar 15/2003 786-2657061*

Date Daytime Phone #

CR2E034 (10/02)