

2005

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

**FILED  
May 06, 2005 8:00 am  
Secretary of State**

05-06-2005 90090 020 \*\*\*150.00

<b>DOCUMENT #</b> P02000017365
<b>1. Entity Name</b> Pontual Ground Air Transportation Corp.

DO NOT WRITE IN THIS SPACE

50049781

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 155 Ocean Lane Dr. Suite, Apt. #, etc. Suite 414 City & State Key Biscayne, FL Zip 33149-1431		<b>3. Mailing Address</b> 155 Ocean Lane Dr. Suite, Apt. #, etc. Suite 414 City & State Key Biscayne, FL Zip 33149-1431		<b>4. FEI Number</b> 01-0598233	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
Country USA		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Valerio, Moacir  
Street Address (P.O. Box Number is Not Acceptable)  
155 Ocean Lane Dr.  
Apt. 414  
City  
Key Biscayne FL Zip Code  
33149-1431

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Valerio, Moacir 155 Ocean Lane Dr., Apt. 414 Key Biscayne, FL 33149-1431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Moacir Valerio

305-365-7623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #