2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91797 020 ***150.00

DOCUMENT # P02000017365

1. Entity Name
Pontual Ground Air Transportation Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
155 Ocean Lane Dr.	155 Ocean Lane Dr.
Suite, Apt. #, etc.: Suite 505	Suite, Apt. #, etc.: Suite 505
City & State: Key Biscayne, FL	City & State: Key Biscayne, FL
Zip: 33149-1470 Country: USA	Zip: 33149-1470 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0598233 ☐ Applied For ☐ Not Applicable

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

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. 505
City: Key Biscayne **FL** Zip Code: 33149-1470

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 $61.25
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	D/P/S/T	TITLE	
NAME	Valerio, Moacir	NAME	
STREET ADDRESS	155 Ocean Lane Dr., Apt. 505	STREET ADDRESS	
CITY - ST - ZIP	Key Biscayne, FL 33149-1470	CITY - ST - ZIP	
TITLE		TITLE	
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CR2E034B (12/02)

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 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 #

STF FL32381F.1