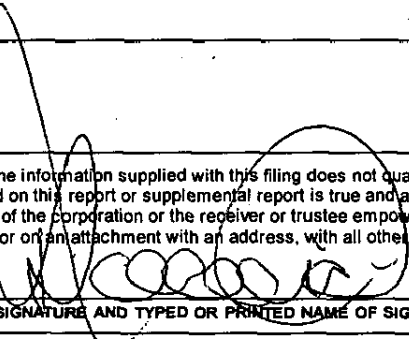


2003

**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 155 Ocean Lane Dr. Suite, Apt. #, etc. Suite 505 City & State Key Biscayne, FL Zip Country 33149-1470 USA		3. Mailing Address 155 Ocean Lane Dr. Suite, Apt. #, etc. Suite 505 City & State Key Biscayne, FL Zip Country 33149-1470 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 ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Valerio, Moacir 155 Ocean Lane Dr., Apt. 505 Key Biscayne, FL 33149-1470	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE			
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)