

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90097 004 \*\*\*150.00

DOCUMENT # P02000068411

1. Entity Name  
SKY AIR TRANSPORT, INC.



Principal Place of Business  
% VALERIA GUZAMAN  
4890 NW 108TH PASS  
MIAMI FL 33178

Mailing Address  
% VALERIA GUZAMAN  
4890 NW 108TH PASS  
MIAMI FL 33178



2. Principal Place of Business

8009 NW 36 St

3. Mailing Address

8009 NW 36 St

Suite, Apt. #, etc.

211

Suite, Apt. #, etc.

211

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami

City & State

Miami FL

4. FEI Number

04-3706000

Applied For

Not Applicable

Zip

FL

Country

33166

Zip

33166

Country

USA

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

6. Name and Address of Current Registered Agent

GUZMAN, EDGAR  
4890 N.W. 108 PASS  
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8009 NW 36 St Suite 211

City

Miami

FL

Zip Code

33166

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

*EDGAR GUZMAN*

EDGAR GUZMAN President

03-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
GUZMAN, EDGAR  
4890 N.W. 108 PASS  
MIAMI FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
GUZMAN, VALERIA  
4890 N.W. 108 PASS  
MIAMI FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*EDGAR GUZMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786-586-3004

CR2E034 (10/02)