

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90131 029 \*\*\*158.75

**DOCUMENT # P02000111132**

1. Entity Name  
**SHAT AIR INC.**



Principal Place of Business  
**1719 NW 9TH AVENUE  
FORT LAUDERDALE FL 33311**

Mailing Address  
**1719 NW 9TH AVENUE  
FORT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

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

**PIERRE-LOUIS, CLAUDE  
1719 NW 9TH AVENUE  
FORT LAUDERDALE FL 33311**

Name

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

City

**FL**

Zip Code

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D - C.E.O</b> <b>PIERRE-LOUIS, ROSELYNE L</b> <b>1719 NW 9TH AVENUE</b> <b>FORT LAUDERDALE FL 33311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D - SECURITY DIRECTOR</b> <b>PIERRE-LOUIS, JEMMY</b> <b>10365 SW 111 STREET</b> <b>MIAMI FL 33171</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D - V. PRES.</b> <b>LOUISMA, GUSTAVE</b> <b>2427 SW 8 COURT</b> <b>FORT LAUDERDALE FL 33311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHORTER, GERMAINE</b> <b>2427 SW 8 COURT</b> <b>FORT LAUDERDALE FL 33311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P - GENERAL MANAGER</b> <b>PIERRE-LOUIS, STEPHANN</b> <b>10365 SW 111 STREET</b> <b>MIAMI FL 33171</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. - OPERATION DIRECTOR</b> <b>THEODORE, FRICK</b> <b>5511 CHURCH AVENUE</b> <b>BROOKLYN NY 11203</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRESIDENT - TREASURER</b> <b>PIERRE-LOUIS, CLAUDE</b> <b>1719 NW 9TH AVENUE</b> <b>FORT LAUDERDALE, FL 33311</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ADMINISTRATOR</b> <b>GERARD GELUS</b> <b>1719 N.W. 9TH AVENUE</b> <b>FORT LAUDERDALE, FL 33311</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/03

Date

Daytime Phone #

CR2E034 (10/02)