

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91464 027 ***150.00

DOCUMENT # P02000119268 ✓

1. Entity Name
CST AIR SERVICES, INC.



Principal Place of Business
~~2 S BISCAYNE BLVD STE 2975~~
~~MIAMI FL 33131~~

Mailing Address
~~2 S BISCAYNE BLVD STE 2975~~
~~MIAMI FL 33131~~



2. Principal Place of Business
11220 Interchange Circle North
Suite, Apt. #, etc.

3. Mailing Address
11220 Interchange Cir. N.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miramar, FL

City & State
Miramar, FL

4. FEI Number
03-0495937

Applied For
Not Applicable

Zip
33025

Country
USA

Zip
33025

Country
USA

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

MASDANIEL, JOHN M
2 S BISCAYNE BLVD STE 2975
MIAMI FL 33131

Name: CARLOS SALAVERRIA
Street Address (P.O. Box Number is Not Acceptable)
12901 SW 28th Court
City: Miramar FL Zip Code: 33027

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME Director
STREET ADDRESS CARLOS E. SALAVERRIA TORRES
CITY-ST-ZIP 12901 SW 28th CT
Miramar - FL - 33027

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03

Date

(954)646-7789

Daytime Phone #