

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90965 024 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000034404

1. Entity Name
SUNRISE AIR, INC.



10095777

Principal Place of Business
5095 S.W. 82ND STREET
MIAMI, FL 33143-503 US

Mailing Address
200 S. BISCAYNE BLVD.
41ST FLOOR
MIAMI, FL 33131-2398

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0408450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KLOCK, JOSEPH P JR
200 S BISCAYNE BLVD
41ST FLOOR
MIAMI, FL 33131-2398

7. Name and Address of New Registered Agent

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's signature required when resigning)

DATE

FILE NOW WITH FEE OF \$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
PSD
KLOCK, JOSEPH P JR
5095 S.W. 82ND STREET
MIAMI, FL 331438503 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TAS
LOPEZ, IVAN R
200 S BISCAYNE BLVD
MIAMI, FL 331312398 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSAT
DECARAN-VOIGT, GABRIEL R
200 S BISCAYNE BLVD 41ST FLOOR
MIAMI, FL 331312398 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAT
OVIEDO, LUIS F
200 S. BISCAYNE BLVD.
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.29.03

Original Phone #

305.577.2917

CR2034 (10/02)