2000 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P96000003282** AIR BRIDGE, INC. 04-27-2000 90053 018 ***150.00 Mailing Address Principal Place of Business 230 FIFTH STREET 230 FIFTH STREET MIAMI BEACH FL 33139-6602 MIAMI BEACH FL 33139 2. Principal Place of Business /632 Pennsylvania DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0649373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ROBINS, CRAIG 230 FIFTH STREET MIAMPBCH FL 33139 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its if 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change PD ☐ Delete TITLE TITLE 1632 Pennsylvania Ave Miami Beach, FL 33139 ROBINS, CRAIG NAME NAME STREET ADDRESS STREET ADDRESS 230 FIFTH ST CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33139 Delete TITLE steven Gretenstein GRETEM, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 230 FIFTH STREET Beach, FL 33139 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: