

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
 05-05-2000 90105 032 ***185.00

DOCUMENT # P96000013573

1. Entity Name
AIR GRECO, INC.
d/b/a WINGS AIR CHARTER

Principal Place of Business Mailing Address
6934 SUNRISE COURT
CORAL GABLES, FL. 33133

2. Principal Place of Business 3. Mailing Address
500 FRONT STREET
 Suite, Apt. #, etc. **500 FRONT STREET**
 Suite, Apt. #, etc.

City & State City & State
KEY WEST, FL.
 Zip Country Zip Country
33040 MONROE 33040 MONROE

4. FEI Number' Applied For
65-0658756 Not Applicable

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

6. Name and Address of Current Registered Agent
MARIA T. GRECO
6934 SUNRISE COURT
CORAL GABLES, FL. 33133

7. Name and Address of New Registered Agent
 Name **WALTER J. DANKO**
 Street Address (P.O. Box Number is Not Acceptable)
2685 NW 56 STREET HANGAR 52C
 City **FT. LAUDERDALE** FL Zip Code **33309**

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 *Walter Danko* **WALTER J. DANKO, PRESIDENT** DATE **04/24/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00!
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	MARIA T. GRECO	
STREET ADDRESS	6934 SUNRISE COURT	
CITY-ST-ZIP	CORAL GABLES, FL. 33133	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER J. DANKO	
STREET ADDRESS	4920 SW 164 TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33331	
TITLE	VICE PRES., SECRETARY, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN DANKO	
STREET ADDRESS	4920 SW 164 TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann Danko* **(V.P., S., T.) ANN DANKO** DATE **4/24/00** DAYTIME PHONE # **954-252-8283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)