

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000018400**

05-24-2000 90149037 ***150.00

1. Entity Name
Airport One Messenger Service, Corp.
 1301 NW 89 Court Suite 212
 Miami, FL 33172

APPROVED
AND
FILED

Principal Place of Business Mailing Address
 1301 NW 89 Court P.O. Box 526268
 Suite 212 Miami, FL 33152-6268
 Miami, FL 33172

00 JUN 29 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
 1301 NW 89 Court P.O. Box 526268

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 212

DO NOT WRITE IN THIS SPACE

City & State City & State
Miami, FL 33172 Miami, FL 33152-6268

4. FEI Number Applied For
65-065291 Not Applicable

Zip Country Zip Country
33172 USA 33152 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

Name
Ella Miletic
 8549 NW 7th Street
 Miami, FL 33126
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME BPS Ella Miletic	<input type="checkbox"/> Delete
STREET ADDRESS 8549 NW 7 Street	
CITY-ST-ZIP Miami, FL 33126	
TITLE NAME T Michelle Miletic	<input type="checkbox"/> Delete
STREET ADDRESS 8549 NW 7th Street	
CITY-ST-ZIP Miami, FL 33126	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ella Miletic
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 (305)431-9996
 Date Daytime Phone #

CR2004 (9/99)