## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P96000018400 1. Entity Name 05-15-2001 90057 046 \*\*\*150.00 AIRPORT ONE MESSENGER SERVICE CORP. Principal Place of Business Mailing Address 1301 N.W. 89TH COURT P.O. BOX 526268 SUITE 212 MIAMI FL 33152-6268 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0655291 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -- MILETIC, ELLA Street Address (P.O. Box Number is Not Acceptable) 1301 N.W. 89TH COURT SUITE 212 **MIAMI FL 33172** 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Change Addition TITLE ☐ Delete TITLE $V_{i}$ MILETIC, ELLA NAME NAME Miletic, Carla 8549 N.W. 7 STREET STREET ADDRESS STREET ADDRESS 8549 NW 7 Street Miami, FL 33126 CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MILETIC, MICHELLE NAME NAME 8549 N.W. 7TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

April 30, 2001 (305) 437-9996