

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90991 011 ***158.75

0362596
AV

DOCUMENT # P96000034916	
1. Entity Name AIR ALLIANCE, INC.	

Principal Place of Business 1875 N CORPORATE LAKES STE #2 FT LAUDERDALE FL 33326	Mailing Address 1875 N CORPORATE LAKES STE #2 FT LAUDERDALE FL 33326
--	--

2. Principal Place of Business 937 Spoonbill Circle	3. Mailing Address 937 Spoonbill Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Weston, FL	City & State Weston, FL
Zip 33326	Zip 33326
Country USA	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0671762	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent MOORE, MICHAEL L 937 SPOONBILL CIR FT LAUDERDALE FL 33326	
---	--

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

FILE NOW!!! FEE IS \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, MICHAEL L 937 SPOONBILL CIRCLE FORT LAUDERDALE FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 937 Spoonbill Circle
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Moore, Anis B. 937 spoonbill Circle Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____	Date 4/25/03	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)