

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA6000082408**

1. Entity Name

GLOBE AIR SERVICES, INC. ✓

**FILED**

**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90073 028 \*\*\*150.00

Principal Place of Business

Mailing Address

6025 NW 18TH STREET  
CARGO BLDG 716E #600  
MIAMI, FLORIDA 33122

P.O. BOX 522516  
MIAMI, FLORIDA 33152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**605-0099144**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUBROW DUKER & ASSOCIATES P.A.  
2840 UNIVERSITY DRIVE  
CORAL SPRINGS, FLORIDA 33065

7. Name and Address of New Registered Agent

Name **DUBROW DUKER & ASSOCIATES P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**2832 UNIVERSITY DRIVE**

City **CORAL SPRINGS**

**FL**

Zip Code **33065**

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

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	P	TORDJMAN, GUY	<input type="checkbox"/> Delete
NAME		2753 NE 164 TERR.	
STREET ADDRESS		N. MIAMI, FL 33160	
CITY-ST-ZIP			
TITLE	S	DUKER, STEVEN D	<input type="checkbox"/> Delete
NAME		2832 UNIVERSITY DRIVE	
STREET ADDRESS		CORAL SPRINGS, FL 33065	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN D. DUKER, SECRETARY

Date

Daytime Phone #

CR2E034 (9/99)