

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90026 034 ***150.00

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DOCUMENT # P96000082408			
1. Entity Name GLOBE AIR SERVICES, INC.			
Principal Place of Business 6025 NW 18TH STREET CARGO BLDG 716E #600 MIAMI FL 33122		Mailing Address P O BOX 522516 MIAMI FL 33152	
2. Principal Place of Business 1951 NW 68 AVE.		3. Mailing Address	
Suite, Apt. #, etc. Bldg 706, Ste. 237		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33126	Country USA	Zip	Country
6. Name and Address of Current Registered Agent DUBROW DUKER & ASSOCIATES P.A. 2832 UNIVERSITY DRIVE CORAL SPRINGS FL 33065		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	GUY, TORDJMAN		
STREET ADDRESS	2753 NE 165 TERRACE		
CITY-ST-ZIP	N. MAIMI FL 33160		
TITLE	D	<input type="checkbox"/> Delete	
NAME	TORDJMAN, GUY		
STREET ADDRESS	2753 NE 164 TERR.		
CITY-ST-ZIP	N. MIAMI FL 33160		
TITLE	S	<input type="checkbox"/> Delete	
NAME	DUKER, STEVEN D		
STREET ADDRESS	2832 UNIVERSITY DRIVE		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		
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			
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: <i>St. John Secretary</i> <i>Y/hv/ov</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			

CR2E034 (9/01)