

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90208 021 ***150.00

DOCUMENT # P97000088467

1. Entity Name
GLOBAL AIR SERVICES, INC.



Principal Place of Business
**8288 NW 64TH STREET
MIAMI FL 33166**

Mailing Address
**8288 NW 64TH STREET
MIAMI FL 33166**

2. Principal Place of Business
14319 SW 142 Ave

3. Mailing Address
14319 SW 142 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami

City & State
Miami

4. FEI Number **65-0791843**

Applied For
Not Applicable

Zip **33186** Country **Miami Dade**

Zip **33186** Country **Miami Dade**

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

**ROSADO, BERTHA N
8288 NW 64TH STREET
MIAMI FL 33166**

Name **Bertha Rosado**

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

14319 SW 142 Ave

City **Miami**

FL

Zip Code **33186**

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 **Bertha Rosado** **Bertha Rosado**

1-16-03

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

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 **PD**
NAME **ROSADO, BERTHA N**
STREET ADDRESS **8288 N W 64TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

☐ Delete

TITLE **Bertha Rosado, PD**
NAME **Bertha Rosado, PD**
STREET ADDRESS **14319 SW 142 Ave**
CITY-ST-ZIP **Miami FL 33186**

☒ Change ☐ Addition

TITLE **VPD**
NAME **ROSADO, MANUEL**
STREET ADDRESS **8288 N W 64TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

☐ Delete

TITLE **Manuel Rosado, VPD**
NAME **Manuel Rosado, VPD**
STREET ADDRESS **14319 SW 142 Ave**
CITY-ST-ZIP **Miami FL 33186**

☒ Change ☐ Addition

TITLE **TD**
NAME **TIERRADENTRO, IRMA**
STREET ADDRESS **8288 N W 64TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

☐ Delete

TITLE **Liliane Tierradentro, TD**
NAME **Liliane Tierradentro, TD**
STREET ADDRESS **14319 SW 142 Ave**
CITY-ST-ZIP **Miami FL 33186**

☒ Change ☐ Addition

TITLE **SD**
NAME **BOZA, LILIANA**
STREET ADDRESS **8288 N W 64TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

☐ Delete

TITLE **Liliane Boza, SD**
NAME **Liliane Boza, SD**
STREET ADDRESS **14319 SW 142 Ave**
CITY-ST-ZIP **Miami FL 33186**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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: **Bertha Rosado** **Bertha Rosado** **1-16-03 (305) 278 8827**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)