

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000029685**

1. Entity Name

FALCON INTERNATIONAL AIR SERVICES, INC.**FILED****Apr 13, 2000 8:00 am**
Secretary of State

04-13-2000 90006 048 ***150.00

Principal Place of Business

**4010 GALT OCEAN DR.
1109
MIAMI FL 33308**

Mailing Address

**4010 GALT OCEAN DR.
1109
FORT LAUDERDALE FL 33308-6517**

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

65-0805431

Applied For

Not Applicable

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

**HESS, THOMAS ESQ.
501 BRICKELL KEY DR., STE. 407
MIAMI FL 33131**

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.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KAPHAN, JAMES	
STREET ADDRESS	4010 GALT OCEAN DR. APT 1109	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, JAMES	
STREET ADDRESS	4010 GALT OCEAN DR. APT. 1109	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	METAGER, BETH	
STREET ADDRESS	187 CLYDE RD.	
CITY-ST-ZIP	BANGOR ME 04401	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, BETH	
STREET ADDRESS	187 CLYDE RD	
CITY-ST-ZIP	BANGOR ME 04401	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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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: James P. Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**President 3/27/2000 (305) 687-0731**
Date Daytime Phone #