

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90002 034 ***158.75

DOCUMENT #

1. Entity Name

P98000029685

FALCON INTERNATIONAL AIR SERVICES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4010 Galt Ocean Dr

Suite, Apt. #, etc.

1109

3. Mailing Address

4010 Galt Ocean Dr

Suite, Apt. #, etc.

1109

City & State

Ft. Lauderdale FL 33308

City & State

Ft. Lauderdale FL 33308

4. FEI Number

65-0805431

Applied For

Not Applicable

Zip

33308

Country

US

Zip

33308

Country

US

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Hess, Thomas ESQ.

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

501 Brickell Key Dr., Ste.407

City

Miami

FL

Zip 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres
Kaplan, James L.
4010 Galt Ocean Dr; Apt.1109
Ft. Lauderdale FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Beth Metzger
187 Clyde Road
Bangor ME 04401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Kaplan

April 4, 2004 207 944-6060

Date

Daytime Phone #

CR2E034B (12/02)