

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90018 033 ***150.00

DOCUMENT # P98000056166

1. Entity Name
AIR SOUTH CORPORATION

Principal Place of Business

Mailing Address

~~5821 SW 155TH CT~~
~~MIAMI FL 33193~~

~~5821 SW 155TH CT~~
~~MIAMI FL 33193~~

00034368



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5785 W. 17 LN

5785 W 17 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAIALEAH, FL.

City & State

HAIALEAH, FL.

4. FEI Number **65-0845434**

Applied For

Not Applicable

Zip **33012**

Country **U.S.A.**

Zip **33012**

Country **U.S.A.**

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

BARZAGA, NATANAEL

~~5821 SW 155TH CT~~

~~MIAMI FL 33193~~

Name

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

5785 W. 17 LN

City

HAIALEAH

FL

Zip Code

33012

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BARZAGA, NATANAEL	
STREET ADDRESS	5821 SW 155TH CT	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5785 W 17 LN	
CITY-ST-ZIP	HAIALEAH, FL. 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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

NATANAEL BARZAGA

Date

3/8/01

Daytime Phone #

(306) 269-4307

CR2E034 (10/00)