

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90533 040 \*\*\*150.00

**DOCUMENT # P98000100164**

1. Entity Name  
**AEROBENS TRANSPORTATION SERVICE, INC.**



Principal Place of Business  
**275 HIBISCUS DR.**  
**A-1**  
**MIAMI SPRINGS FL 33166**

Mailing Address  
**POST OFFICE BOX 661665**  
**MIAMI SPRINGS FL 33266-1665**

2. Principal Place of Business

**264 POCAATELLA ST.**

3. Mailing Address

Suite, Apt., #, etc.

City & State  
**MIAMI SPRINGS FL**

Zip Country  
**33166 USA**

City & State

Zip Country

4. FEI Number  
**65-0898599**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ESCRIBENS, FERNANDO**  
**275 HIBISCUS DR., #A-1**  
**MIAMI SPRINGS FL 33166**

7. Name and Address of New Registered Agent

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. 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

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSTD**  
**ESCRIBENS, FERNANDO A** ☐ Delete  
**114 HIBISCUS DRIVE**  
**MIAMI SPRINGS FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSTD**  
**ESCRIBENS, FERNANDO A** ☒ Change ☐ Addition  
**264 POCAATELLA ST.**  
**MIAMI SPRINGS FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ 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: **ESCRIBENS, FERNANDO A.** **01-27-03. 305-5460091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)