2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000018737

1. Entity Name AAA INTERAIR, INC.



Principal Place of Business 950 S.E. 12TH STREET HIALEAH FL 33012

Mailing Address P.O. BOX 523726 MIAMI FL 33152

FILED May 02, 2003 8:00 am & Secretary of State

05-02-2003 90155 001 *****8.75 05-02-2003 90155 002 ***150.00

UVVUUTU



2. Principal Place of Business 3. Mailing Address 2000 N.W. 62 Avenue 7.0. Box 026							••••••••••••••••	-, , , , , , , , , , , , , , , , , , ,	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES			
City & Stat	- 1 17 Louis (A)	City & State	Floric	la	4. FEI Number	65-0896994		_ 	plied For t Applicable
3312	Country	33102	Country		5. Certificate of	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
RICHARDS, RICHARD L 2000 NW 62ND A VE -MIAMI FL 3312 2				Street Address (P.O. Box Number is Not Acceptable)					
			Cit	City Miami FL Zin Code 33/26					
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 .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered Agent	signature required	d 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					Trus	tion Campaign Finar t Fund Contribution.		Added	May Be to Fees
10.	OFFICERS AND I		11.			CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAMERON, DORT A 115 EAST PUTNAM AVENUE GREENWICH CT 06830	☐ Delete	TITLE NAME STREET ADD: CITY-ST-ZIF	RESS 174	11 1.3.1	64 Avenu		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWYER, ANDREW 115 EAST PUTNAM AVENUE GREENWICH CT 06830	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	Mcl Mcl 201	•	avid M. 62 Avenue	<u> </u>	☐ Change	Adultion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, SETH M 115 EAST PUTNAM AVENUE GREENWICH CT 06830	□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	RESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D CRYSTAL, JIM 40 BROAD STREET NEW YORK NY 10004	X Delete	TITLE NAME STREET ADDI CITY-ST-ZIF					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HABERLY, RICHARD L 2000 NW 62ND AVENUE MIAMI FL 33122	□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF					Change	Addition
TITLE NAME STREET ADDRESS CITY ST. ZIP	P HABERLY, RICHARD L 4600 N.W. 36 STREET	Delete	TITLE NAME STREET ADDI	L.			[☐ 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 attack ment with an address, with all other like empowered.

SIGNATURE: A

REVIlliam Be SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR