2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900075460 1. Entity Name NATIONAL AIR TRANSPORT, INC.						Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90038 047 ***150.00			
Principal Place 9544 E. LAKE BOCA RATOR		Mailing Address 9544 E. LAKE DRIVE BOCA RATON FL 33434							
2. Principal P	Place of Business	3. Mailing Address				Î HEBINDAN HIN MEHLE KONIN BONIN BOHN BONIN BONIN YEDDI JUNIN BYBYE BYNY DOYN YEDN			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State			4. F	-El Number 65-0946507		plied For t Applicable	
Zip	Country	Zip	Coun	try		Certificate of Status Desired	\$8.75-Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
TEMPERINO, ANTHONY 9544 E. LAKE DRIVE BOCA RATON FL 33434				Street Address (P.O. Box Number is Not Acceptable)					
BOOKIN	1101112 00101			City		FL	Zip Code	•	
8. The above	hamed entity submits this statement for the	ne purpose of changing its i	register	l ed office or r	registered agr				
SIGNATU:	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	: Registere	d Agent signature	e required when re	pinstating) DATE		<u>_</u>	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00	10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND DI		12.	ı	AD	DITIONS/CHANGES TO OFFICERS ANI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEMPERINO, ANTHONY 9544 E. LAKE DRIVE BOCA RATON FL 33434	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	44.	□ Delete	4	1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		[☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is tre poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that me ered to execute this report a	y signat	ure shall hav	ve the same li	legal effect as if made under oath; that I	am an officer o	or director	

RE RICUITED
INVED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: