

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000081408**

1. Entity Name

**WINGS OVER THE AMERICAS, INC.****FILED****Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90051 008 \*\*\*150.00

Principal Place of Business

**1201 HAYS STREET  
TALLAHASSEE FL 32301**

Mailing Address

**1201 HAYS STREET  
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

**666 71 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**C/O ALAN LIPS, CPA**

City &amp; State

City &amp; State

**MIAMI BEACH, FL 33141**

Zip

Country

Zip

Country

**33141****USA**4. FEI Number **59-3601808**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PST AZAR, SOLLY 60 RUE DE LA CHAUSSEE D'ANTIN PARIS FR 75009</b>	<input type="checkbox"/>		
<b>AS AZAR, MYRIAM 60 RUE DE LA CHAUSSEE D'ANTIN PARIS FR 75009</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

Date

Daytime Phone #

CR2E034 (10/00)