2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # S29694 1. Entity Name MAJOR AIR, INC.							FILED 03 JAN -2 AM 9:	18	
Principal Place of Business 2400 E. COMMERCIAL BLVD. STE. 208 FT. LAUDERDALE FL 33308 US			Mailing Address 2400 E. COMMERCIAL BLVD. STE. 208 FT. ŁAUDERDALE FL 33308 US				SECRETARY OF STATALLAHASSEE. FLOR	IDA	
2. Principal Place of Business			3. Mailing Address				I IMPIRATE LIS LIGITA (SILVE MILLE LEVI) MILE A		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	PO NOT WRITE IN 1	HIS SPAC€ C	
City & State			City & State			4	4. FEI Number 65-0425169	<u> </u>	plied For Applicable
Zip Country			Zip Country			5	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Add	ress of Current Re	gistered Agent		Mama	7	7. Name and Address of New Registe	ered Agent	
DENMAN, JAMES B.					Name				
2400 E. C	OMMERCIAL BLVD.			Street A	Street Address (P.O. Box Number is Not Acceptable)				
STE. 208									
FT. LAUDE	RDALE FL 33308	City					FL Zip Code	9	
	ons of registered age					registered	d agent, or both, in the State of Florida.	am familiar with, a	and accept
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 \$55 After September 13, 2002 Fee will Make Check Payable to Department			e \$750.00 t of State	Tust fund Contribution.	Added	May Be to Fees
11.		OFFICERS AND DI		12.		I	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, SANDR 321 N.E. 76TH STI MIAMI FL 33138		☐ Delete				200009767 12/31/020105400	□ Change 7 = 5 = 2 5 ** 750 , 0	☐ Addition
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	D WILDGOOSE, LAR 850-SW 34TH.STF FORT LAUDERDAL	REET; BAY #3	☐ Delete			.1650 Ft. L	2 w. Oakland Park Lauderdale, FL 3	77 5	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		;			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Celete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition
13. I hereby of indicated of the cor	certify that the informat on this report or supp poration or the receive	ion supplied with the lemental report is true or true to employ and the lembar.	is filing does not qualify for ue and accurate and that n ered to execute this report	the exe ny signa as requi	mption stat ture shall h red by Cha	ted in Section ave the sar apter 607, F	ion 119.07(3)(i), Florida Statutes. I furth me legal effect as if made under oath; t Florida Statutes; and that my name app	er certify that the in hat I am an officer ears in Block 11 or	formation or director Block 12 if

12/20/02