## **2000 UNIFORM BUSINESS REPORT (UBR)**

with an address.

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME ON SIGNING OFFICER OR DIRECTO

changed, or on an attachmen

SIGNATURE:

## **FILED** Jan 24, 2000 8:00 am **DOCUMENT # \$32079** 1. Entity Name **Secretary of State** AIR-TERMINALING, INC. 01-24-2000 90044 035 \*\*\*150.00 Mailing Address Principal Place of Business 700 SOUTH ROYAL POINCIANA BLVD. 700 SOUTH ROYAL POINCIANA BLVD. SUITE 800 SHITE 800 706066 MIAMI SPRINGS FL 33166-6668 MIAMI SPRINGS FL 33166 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0296956 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code City 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE DIAZ, ISABEL NAME NAME STREET ADDRESS 700 S. ROYAL POINCIANA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Addition TITLE ☐ Change ☐ Delete NAME FINALE, MARILYN STREET ADDRESS 700 S ROYAL POINCIANNA BLVD, STE 800 STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE DIAZ, ISABEL NAME NAME 700 S. ROYAL POINCIANA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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