| Making Addiese  0. 60X 68(98)  Principal Place of Businese  Nating Addiese  Principal Place of Businese  Suize, Apr. 4, edo.  Suize, Ap   | Entity Name   | MENT # V36354 RIDA AIRLINE INC.  |  | • . •  |   | FILED<br>Jan 16, 2001 8:00 an<br>Secretary of State                         |   |  |   |  |
|--|---|--|--|--|---|---|---|--|---|--|
| Principal Place of Business   2. Making Address   2. Making Addres   | incipal Place   | of Business  | Mailing Address  |  |   | 01-16-20  | 001 90016 (                                       | 001 ***2   | 450.00  |  |
| Suite. Apt. #, etc.   Suite. Apt. #, etc.   On NOT WRITE IN THIS SPACE  City & State   City & State   City & State   A. FEI Number 65-0354294   Applied for Iwo Applicable 20   Country   St. Certificate of Status Desired   \$8.75 Addition   \$8.75 |   |  |  | 66   |   |   |   |  |   |  |
| City & State  City & State  Country  S. Certificate of Status Desired  Solver  To Remain and Address of New Registered Agent  Solver  Solver  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.  City FL Zip Code  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.  City FL Zip Code  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.  City FL Zip Code  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.  City FL Zip Code  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.  City FL Zip Code  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.  This concentration is slightle to satisfy its intemplate on social and state of the State of Florida.  The Exposure Agent is stated agent and advant agent agent and the state of Florida.  Solve States agent agent of both.  The Exposure Agent  | Principal Pla   | ace of Business  | 3. Mailing Address   |  |   |   |   |  |   |  |
| St. Application   St. Country   Zip   Country   St. Certificate of Statut Desired   St. 25 Application   St. 25 Application   St. Certificate of Statut Desired   St. Certificate of St. Cer   | Suite, Apt. #   | t, etc.  | Suite, Apt. #, etc.  |  |   | DO NOT WRI  | TE IN THIS SP                                     | ACE  |   |  |
| 6. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8.75 Address of New Registered Agent  8. Name  9.   | City & State  |  | City & State   |  | 4.  | FEI Number <b>65-035429</b>   | )4  |  | <del></del>   |  |
| KHURSHAD, BEGUM 100 N ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33168    City   FL   Zip Code   | Zip   | Country  | Zip  | Country  | 5.  | Certificate of Status Desired   |   | 8.75 Add   | ditional  |  |
| KHURSHAD, BEGUM 100 N ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33168    City   FL   Zid Code  |   | 6. Name and Address of Current F   | Registered Agent   |  | 7.  | Name and Address of New I   |   |  |   |  |
| 10 N ROYAL POINCIANA BLVD MAMI SPRINGS FL 33166  City FL Zio Code  |   |  | مون سرعديسوم   | Name   |   |   | <u> </u>  | =  | <del> </del>  |  |
| 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.  SNATURE    Signature, upped or printed name of registered spent will be it registative.   (INCE: Registered Agent signature required when remaining)   DATE    This comporation is eligible to satisfy its intemplate.   (INCE: Registered Agent signature required when remaining)   DATE   This comporation is eligible to satisfy its intemplate.   (INCE: Registered Agent signature required when remaining)   DATE   This comporation is eligible to satisfy its intemplate.   (INCE: Registered Agent signature required when remaining)   DATE    This comporation is eligible to satisfy its intemplate.   (INCE: Registered Agent signature required when remaining)   DATE   This comporation is eligible to satisfy its intemplate.   (INCE: Registered Agent signature required when remaining)   DATE   This comporation is eligible to satisfy its intemplate.   (INCE: Registered Agent signature required agent, or both, in the State of Florida.  | 100 N ROYAL POINCIANA BLVD  |  |  | Street   | Address (P.O. I   | Box Number is Not Acceptabl   | e)  |  |   |  |
| 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.  GNATURE    Signature, typeds or parriad many of registered registered with a special state of Florida.   | MIAMI   | i Springs fl 33100   |  | City   |   |   |   | Zip Cod  | le  |  |
| SNATURE   Superature, upond or princed name of legislated agent and late if approaches.   (PAOTE Registered Agent algorithms required when re-residing)   DATE   |   |  |  |  |   |   |   |  |   |  |
| PS     Delete   TITLE     NAME   STREET ADDRESS   CITY-ST-ZIP     Change   Addition   NORTH ROYAL POINCIANA BLVD.   MIAMI SPRINGS FL 33166   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP     Change   Addition   NORTH ROYAL POINCIANA BLVD.   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP     Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Change   Addition   Change  | GNATURE<br>S  | Signature, typed or printed name of registered agent ar  | nd title if applicable. (N   | NOTE. Registered Agent sign  | nature required when r  | einstating)   | DATE  |  |   |  |
| STREET ADDRESS CITY-ST-ZIP  LE CHANGES LET ADDRESS LET   | This corpora<br>Tax filing re   | ation is eligible to satisfy its Intangible quirement and elects to do so.   | FILE NO  | W!!! FEE IS \$150<br>2001 Fee will be \$   | 0.00<br>\$550.00  | 10. Election Campaign Fir   | nancing   |  |   |  |
| INAME EET ADDRESS STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  Delete NAME STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  EET ADDRESS STREET ADDRESS CITY-ST-ZIP  EET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE CITY ST-ZIP  TH   | This corpora<br>Tax filing re<br>(See criteria  | ation is eligible to satisfy its Intangible quirement and elects to do so. a on back)  | FILE NOV<br>After MAY 1,<br>Make Check Pay<br>DIRECTORS  | W!!! FEE IS \$150<br>2001 Fee will be syable to Departme   | 0.00<br>\$550.00<br>ent of State  | 10. Election Campaign Fin   | nancing<br>on.   FICERS AND D                     | Addec  | d to Fees<br>S IN 11  |  |
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| Delete TITLE NAME STREET ADDRESS (-ST-ZIP)  Delete TITLE   Change   Addition   NAME STREET ADDRESS   CITY-ST-ZIP   E   Delete   TITLE   Change   Addition   NAME STREET ADDRESS   CITY-ST-ZIP   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 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.   | This corpora Tax filing re (See criteria  E  AE  EET ADDRESS (-ST-ZIP  E  AE  EET ADDRESS  EET ADDRESS  EET ADDRESS  EET ADDRESS  EET ADDRESS   | ation is eligible to satisfy its Intangible quirement and elects to do so. a on back)  OFFICERS AND DESTRUCTION OFFICERS AND DESTRUCTION OFFICERS AND DESTRUCTION OF THE POINCIANA INTERPOLATION OF THE POINCIANA INTERPOLAT | FILE NOV After MAY 1, Make Check Pay DIRECTORS  Delete  Delete                                 | W!!! FEE IS \$150 2001 Fee will be 5 yable to Departme  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | 0.00<br>\$550.00<br>ent of State  | 10. Election Campaign Fin   | nancing<br>on.   FICERS AND D                     | Addec  | d to Fees S IN 11 Addition Addition   |  |
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| 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.  | This corpora Tax filing re (See criteria  E  E  EEET ADDRESS '-ST-ZIP  E  EEET ADDRESS  | ation is eligible to satisfy its Intangible quirement and elects to do so. a on back)  OFFICERS AND DESTRUCTION OFFICERS AND DESTRUCTION OFFICERS AND DESTRUCTION OF THE POINCIANA INTERPOLATION OF THE POINCIANA INTERPOLAT | FILE NOV After MAY 1, Make Check Pay DIRECTORS  Delete  Delete  Delete                         | W!!! FEE IS \$150 2001 Fee will be 5 yable to Departme  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  | 0.00<br>\$550.00<br>ent of State  | 10. Election Campaign Fin   | nancing on.                                       | Addec DIRECTOR: Change Change Change                 | d to Fees S IN 11 Addition Addition Addition Addition Addition                            |  |
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| SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #  | This corpora Tax filing re (See criteria  E  AE EET ADDRESS (-ST-ZIP  E  AE EET ADDRESS (-ST-ZIP  E  AE EET ADDRESS (-ST-ZIP  E  EET ADDRESS (-ST-ZIP  E  EET ADDRESS (-ST-ZIP  E  EET ADDRESS (-ST-ZIP  E  I hereby ce indicated to of the corpo   | ation is eligible to satisfy its Intangible quirement and elects to do so. a on back)  OFFICERS AND E  PS KHURSHAD, BEGUM 100 NORTH ROYAL POINCIANA I MIAMI SPRINGS FL 33166   | FILE NOV After MAY 1, Make Check Pay DIRECTORS  Delete  Delete  Delete  Delete  Delete  Delete | W!!! FEE IS \$150 2001 Fee will be syable to Departme  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOT the exemption stat my signature shall ort as required by Crit as regulated by | O.00 \$550.00 ent of State  AD  State of | 10. Election Campaign Fil<br>Trust Fund Contribution DITIONS/CHANGES TO OFF | I further certify oath; that I am he appears in E | Addec Addec Addec Change Change Change Change Change | d to Fees S IN 11 Addition Addition Addition Addition Addition Addition Addition Addition |  |