

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90166 013 \*\*\*150.00

**DOCUMENT # 855486**

1. Entity Name  
**AAA AIR EXPRESS OF MIAMI, LTD., INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>3333 NEW HYDE PARK ROAD<br/>         NEW HYDE PARK NY 11042</b> | Mailing Address<br><b>3333 NEW HYDE PARK ROAD<br/>         NEW HYDE PARK NY 11042</b> |
|---|---|

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **11-2385086**

Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANTANA, ANTHONY  
 2854 F STIRLING ROAD  
 HOLLYWOOD FL 33021**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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          | DP                           | <input type="checkbox"/> Delete |
| NAME           | <b>MEEHAN, JACK J.</b>       |                                 |
| STREET ADDRESS | <b>1075 WOLVER HOLLOW RD</b> |                                 |
| CITY-ST-ZIP    | <b>UPPER BROOKVILLE NY</b>   |                                 |
| TITLE          | DS                           | <input type="checkbox"/> Delete |
| NAME           | <b>LOTITO, ANGELA</b>        |                                 |
| STREET ADDRESS | <b>383 WHITE RD.</b>         |                                 |
| CITY-ST-ZIP    | <b>MINEOLA NY</b>            |                                 |
| TITLE          | DT                           | <input type="checkbox"/> Delete |
| NAME           | <b>MADISON, JAMES L.</b>     |                                 |
| STREET ADDRESS | <b>15 AMALIA LANE</b>        |                                 |
| CITY-ST-ZIP    | <b>COMMACK NY</b>            |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                |                                 |                                   |
|----------------|---------------------------------|-----------------------------------|
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |

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: \_\_\_\_\_

**JAMES L MADISON, TRUSTEE**      1/11/01      (516) 365-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)