

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

SECRET
 AT

03-14-2002 90034 046 ***150.00

DOCUMENT # 855486
 1. Entity Name
AAA AIR EXPRESS OF MIAMI, LTD., INC.

Principal Place of Business Mailing Address
3333 NEW HYDE PARK ROAD **3333 NEW HYDE PARK ROAD**
NEW HYDE PARK NY 11042 **NEW HYDE PARK NY 11042**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
11-2385086 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SANTANA, ANTHONY
2854 F STIRLING ROAD
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
 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 _____ 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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MEEHAN, JACK J.	
STREET ADDRESS	1075 WOLVER HOLLOW RD	
CITY-ST-ZIP	UPPER BROOKVILLE NY	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LOTITO, ANGELA	
STREET ADDRESS	363 WHITE RD.	
CITY-ST-ZIP	MINEOLA NY	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MADISON, JAMES L	
STREET ADDRESS	15 AMALIA LANE	
CITY-ST-ZIP	COMMACK NY	
TITLE	VP, SECRETARY	<input type="checkbox"/> Delete
NAME	ROBERT VICCHIONI	
STREET ADDRESS	25 FRANKLIN BLVD, APT 6A	
CITY-ST-ZIP	LONG BEACH, NY 11561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, ASST SEC.	<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* 2/15/02 (578) 365-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)