

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90737 010 \*\*\*150.00

DOCUMENT # F93000002983

1. Entity Name

CHABEL AVIATION, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
701 Brickell Avenue

3. Mailing Address  
701 Brickell Avenue

Suite, Apt. #, etc.  
Suite 1650

Suite, Apt. #, etc.  
Suite 1650

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number 65-0418618

Applied For  
Not Applicable

Zip  
33131

Country  
U.S.A.

Zip  
33131

Country  
U.S.A.

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name James M. Meyer, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
701 Brickell Avenue

Suite 1650

City Miami

FL

Zip Code  
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James Meyer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/03  
DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	Trigueros, Manuel	701 Brickell Avenue, Suite 1650	Miami, Florida 33131				
VDAS	Bosch, Jorge	701 Brickell Avenue, Suite 1650	Miami, Florida 33131				
StD	Sosa, Carlos	701 Brickell, Suite 1650	Miami, Florida 33131				

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE *James Meyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03  
Date

Daytime Phone #

CR2E034B (12/02)