

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90776 050 ***150.00

DOCUMENT # F950Q0Q03352

1. Entity Name

FLORIDA WEST INTERNATIONAL AIRWAYS, INC.

DO NOT WRITE IN THIS SPACE

041801

2. Principal Place of Business

6640 NW 22 Street

Suite, Apt. #, etc.

Bldg. 707 Suite 216

3. Mailing Address

P.O. Box 025752

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

USA

Zip

33102-5752

Country

USA

4. FEI Number

65-0591367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

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

1201 HAYS STREET

SUITE 105

City

TALLAHASSEE

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NO I.L. Registered Agent signature required when restate)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	RASNAVAD, MANSOUR	PO BOX 025752	MIAMI, 33102-5752				
D	RAMIREZ, ERNESTO	PO BOX 025752	MIAMI, FL 33102-5752				
D	FRAZIER, PHILLIP	PO BOX 025752	MIAMI, FL 33102-5752				
PD	HABERLY, RICHARD L.	PO BOX 025752	MIAMI, FL 33102-5752				
S	GITLITZ, MARTIN	PO BOX 025752	MIAMI, FL 33102-5752				

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

(305) 341-9000

Daytime Phone #

CR2E034B (12/01)