

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90006 019 ***150.00

DOCUMENT # F98000003133

1. Entity Name
FLOPS-SERVICOS AUXILIARES DE OPERACOES DE VOOS LTDA

Principal Place of Business Mailing Address
7597 NW 7TH ST **7597 NW 7TH ST**
MIAMI FL 33126 **MIAMI FL 33126**

2. Principal Place of Business 3. Mailing Address
7587 NW 7TH ST **7587 NW 7TH ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL **MIAMI FL**

Zip Country Zip Country
33126 **USA** **33126** **USA**

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

00048421

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MAZZA, MIGUEL
7597 NW 7TH ST
MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
7587 NW 7TH ST
 City State Zip Code
MIAMI **FL** **33126**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PSC	<input type="checkbox"/> Delete
NAME MANTOVANI, EDILTON B	
STREET ADDRESS Av. Jose Bonifacio 1351-Apt74ajd	
CITY-ST-ZIP Paineiras Campinas Brazil	
TITLE VD	<input type="checkbox"/> Delete
NAME MANTOVANI, GUSTAVO P	
STREET ADDRESS Av. Jose Bonifacio 1351-Apt74ajd	
CITY-ST-ZIP Paineiras Campinas Brazil	
TITLE TVC	<input type="checkbox"/> Delete
NAME VIEIRA, ERIKA P	
STREET ADDRESS Av. Jose Bonifacio 1351-Apt74ajd	
CITY-ST-ZIP Paineiras Campinas Brazil	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
5271 IMAGES CIRCLE APT 102 Kissimee FL 34746-4772	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Gene King* *(Per Power of Attorney attached)* Date: 4/25/2000 Daytime Phone #: 305-553-0538