FILED
Jul 01, 2002 8:00 am
Secretary of State

05-15-2002 90136 031 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002330

1. Entity Name

FLORIDA CARIBBEAN AIR, LLC

(NC) LW

Principal Place of Business

114-B PONCE DE LEON BLVD
CORAL GABLES FL 33135

Mailing Address

~~114-B PONCE DE LEON BLVD~~
~~CORAL GABLES FL 33135~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o BRCPI, CPA's	c/o BRCPI, CPA's
2929 E. Commercial Blvd	2929 E. Commercial Blvd
Suite, Apt. #, etc.: #409	Suite, Apt. #, etc.: #409
City & State: Ft. Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33308 Country: Broward	Zip: 33308 Country: Broward

4. FEI Number: 65-1077254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

REPOSA, RICHARD A
~~114-B PONCE DE LEON BLVD.~~
~~CORAL GABLES FL 33135~~

7. Name and Address of New Registered Agent

Name: Richard A. Reposa
Street Address (P.O. Box Number is Not Acceptable): 2929 E. Commercial Blvd. #409
City: Ft. Lauderdale FL Zip Code: 33308

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRINCIPAL RICHARD A. REPOSA 2929 E. COMMERCIAL BLVD, #409 FT. LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #