

2001 UNIFORM BUSINESS REPORT (UBR)

0010804 AF

DOCUMENT # L98000000584

1. Entity Name
CARIBBEAN AVIATION, L.C.

FILED

01 APR 12 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~610 BECKER AVIONICS~~
~~10830 N.W. 27TH STREET~~
~~MIAMI FL 33172~~

Mailing Address

~~610 BECKER AVIONICS~~
~~10830 N.W. 27TH STREET~~
~~MIAMI FL 33172~~



2. Principal Place of Business

3740 S.W. 47 Ave
Apt. #, etc.

3. Mailing Address

3740 SW 47 Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood FLA.
Zip 33023 County Broward

City & State

Hollywood FLA.
Zip 33023 County Broward

4. FEI Number

65-0832769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONEY, STAFFORD

~~10830 N.W. 27TH STREET~~
~~MIAMI FL 33172~~

Name

STONY STAFFORD

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

3740 S.W. 47 AVE.

City

HOLLYWOOD

FL

Zip Code 33023

-5557

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS BECKER AVIONICS, INC.
CITY-ST-ZIP 10830 N.W. 27TH STREET
MIAMI FL 33172 ☒ Delete

TITLE NAME MGRM
STREET ADDRESS STAFFORD, STONEY
CITY-ST-ZIP 10830 N.W. 27TH STREET
MIAMI FL 33172 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS DE LA SIERRA, RAUL
CITY-ST-ZIP 10830 N.W. 27TH STREET
MIAMI FL 33172 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS 3740 SW 47 Ave
CITY-ST-ZIP Hollywood FLA 33023 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS 2637 W. 81 ST.
CITY-ST-ZIP Hialeah, FL 33016 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-9-01 954-962-5898

CR2E083 (11/00)