2002 UNIFORM BUSINESS REPORT (UBR)

Sep 08, 2002 8:00 am Secretary of State DOCUMENT # **N41280** 1. Entity Name 09-08-2002 90130 004 ****61.25 CUBAN PILOTS ASSOCIATION, INC. Principal Place of Business Mailing Address **4253 NW 59 TERRACE** P.O. BOX 720328 MIAMI FL 33178 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0252859 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CANTILLO, AMADO 📑 11253 NW 59TH TERR **MIAMI FL 33178** City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. □ Delete TITLE ☐ Change ☐ Addition CANTILLO, AMADO NAME NAME STREET ADDRESS 11253 NW 59 TERRACE STREET ADDRESS CITY-ST-7IP MIAMI FL 33178 CITY-ST-ZIP TITLE □ Defete Change ☐ Addition ALEXZANDER, WILLIAM NAME NAME STREET ADDRESS 13601 SW 103RD AVE STREET ADDRESS CITY-ST-7IP MIAMI FL 33158 CITY-ST-ZIP Delete T)TI F ☐ Change Addition NAME Simkovitz. Leonardo -NAME ---- > STREET ADDRESS 8885 SW 78 COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-7/P ☐ Delete TITLE ☐ Addition GONZALES, EVARISTO NAME STREET ADDRESS 4351 SW 14TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33134 TITLE ☐ Delete TITLE Change ☐ Addition GARCIA, ROBERTO NAME STREET ADDRESS 1270 W. 60TH TERR STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

6/1 /02

FILED