2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all c

NATURE AND TYPED OR PRINTED

SIGNATURE:

FILED DOCUMENT # P95000032187 Apr 22, 2000 8:00 am Secretary of State AEROLIGHT U.S.A., INC. 04-22-2000 90043 008 ***150.00 Mailing Address Principal Place of Business 1355 NW 93RD COURT 1355 NW 93RD COURT LINIT A-105 **UNIT A-105** MIAMI FL 33172 MIAMI FL 33172-2856 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0578867 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent. Name CASAUDOUMECQ, JAVIER Street Address (P.O. Box Number is Not Acceptable) 1355 NW 93RD COURT **UNIT A-105 MIAMI FL 33172** Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE CASAUDOUMECQ, JAVIER NAME NAME STREET ADDRESS STREET ADDRESS 1355 NW 93RD COURT UNIT A-105 CITY-\$T-ZIP CITY-ST-ZIP **MIAMI FL 33172** Change Addition ☐ Delete TITLE TITLE CASAUDOUMECQ, JOSE NAME NAME STREET ADDRESS STREET ADDRESS 1355 NW 93RD COURT UNIT A-105 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition ☐ Change ☐ Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if