

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S14001

1. Entity Name
AIR MARINE AGENCIES, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90060 020 ***150.00

Principal Place of Business Mailing Address
3611 NW SOUTH RIVER DR **P.O. BOX 14-3131**
MIAMI FL 33142 **CORAL GABLES FL 33114-3131**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0233717 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SAENZ, CARLOS A
3611 N.W. SOUTH RIVER DRIVE
MIAMI FL 33142

7. Name and Address of New Registered Agent
Name
C. MICHAEL SAENZ
Street Address (P.O. Box Number is Not Acceptable)
3611 N. W. SOUTH RIVER DRIVE
MIAMI, FL. 33142
City **FL** 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.
SIGNATURE: *Carlos A. Saenz* **CARLOS A. SAENZ** **FEBRUARY 15th 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	DP <input checked="" type="checkbox"/> Delete
NAME	SAENZ, CARLOS
STREET ADDRESS	3611 N.W. SOUTH RIVER DR
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> Delete
NAME	SAENZ, PATRICIA ANN
STREET ADDRESS	3611 N.W. SOUTH RIVER DR
CITY-ST-ZIP	MIAMI FL
TITLE	V <input type="checkbox"/> Delete
NAME	SAENZ, C MICHAEL
STREET ADDRESS	3611 N.W. SOUTH RIVER DR
CITY-ST-ZIP	MIAMI FL 33142
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. MICHAEL SAENZ
STREET ADDRESS	3611 N. W. SOUTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos A. Saenz* **CARLOS A. SAENZ - PRESIDENT** **2/15/2000** **305 633-8709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)