

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91176 048 ***150.00

DOCUMENT # P00000080020

1. Entity Name

AVIOR AIRLINES CORP.

Principal Place of Business

**600 BRICKELL AVENUE
 SUITE 206-N
 MIAMI FL 33131**

Mailing Address

**600 BRICKELL AVENUE
 SUITE 206-N
 MIAMI FL 33131**

2. Principal Place of Business

8506 NW 61ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1057307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCOLLIERI, FRANCIS
 600 BRICKELL AVENUE
 SUITE 206-N
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

B. 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

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, 2001 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 type="checkbox"/> Delete |
| NAME | CIARCIA, RAFAEL | |
| STREET ADDRESS | 600 BRICKELL AVENUE SUITE 206-N | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | ANEZ, JORGE | |
| STREET ADDRESS | 600 BRICKELL AVENUE SUITE 206-N | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | SCOLLIERI, FRANCIS | |
| STREET ADDRESS | 600 BRICKELL AVENUE SUITE 206-N | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| 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 | <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 | |
| 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 a checkmark for all other like empowered.

SIGNATURE:

FRANCIS SCOLLIERI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-01

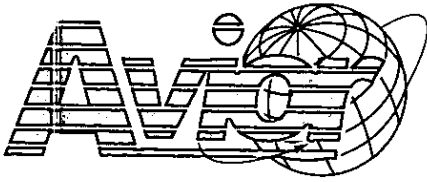
Date

305-3795544

Daytime Phone #

CR2E034 (10/00)

305-716-0027



Attachment
D# P00000080020
A001353

Miami May 17, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida

Reference: P00000080020

The purpose of this letter is to request a Waiver Fee for filing after the date requested by the Florida Department of State.

We have moved from 600 Brickell Avenue Suite 206-N to:

8506 N.W. 61th Street

Miami, Florida 33166

Please try to help me out

Regards,

Avior Airlines Corp.
Francis Scollieri
Secretary