

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008724

Entity Name: EXPERIENCE AVIATION INC.**Current Principal Place of Business:**14850 NW 44TH COURT
203
MIAMI, FL 33054**Current Mailing Address:**14850 NW 44TH COURT
203
MIAMI, FL 33054 US**FEI Number: 75-3200386****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**IRVING, BARRINGTON
14850 NW 44TH COURT
203
MIAMI, FL 33054 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	IRVING, BARRINGTON
Address	14850 NW 44TH COURT 203
City-State-Zip:	MIAMI FL 33054

Title	DIRECTOR, OFFICER
Name	BROWN, RAJEEV
Address	14850 NW 44TH COURT 203
City-State-Zip:	MIAMI FL 33054

Title	CHAIRMAN
Name	ALEXANDER, FABIO
Address	15001 NW 42ND AVE
City-State-Zip:	MIAMI FL 33054

Title	DIRECTOR
Name	GREENWALD, ERIC
Address	15000 NW 44TH AVE
City-State-Zip:	MIAMI FL 33054

Title	TREASURER
Name	MOISE, MICHELE
Address	2537 DEWEY STREET
City-State-Zip:	HOLLYWOOD FL 33020

Title	DIRECTOR
Name	ROBBINS, STEPHANIE
Address	14850 NW 44TH CT 203
City-State-Zip:	MIAMI FL 33054

Title	DIRECTOR
Name	GOLDBERG, LEONARD
Address	1420 LEE WAGENER BLVD
City-State-Zip:	FORT LAUDERDALE FL 33315

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARRINGTON IRVING**PRESIDENT****04/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date