

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90088 032 ***150.00

DOCUMENT # 513733

1. Entity Name
CARIBE AVIATION, INC.

Principal Place of Business
**2200 NORTH WEST 84 AVENUE
MIAMI FL 33122**

Mailing Address
**2200 NORTH WEST 84 AVENUE
MIAMI FL 33122**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3601 FLAMINGO ROAD
Suite, Apt. #, etc.

3. Mailing Address
3601 FLAMINGO ROAD
Suite, Apt. #, etc.

City & State
MIRAMAR FL
Zip
33027
Country
USA

City & State
MIRAMAR FL
Zip
33027
Country
USA

4. FEI Number
59-1710967

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUEVEDO, BENITO
301 COSTA BRAVA CT
CORAL GABLES FL 33174**

Name
Street Address (P.O. Box Number is Not Acceptable)
3601 FLAMINGO ROAD
City
MIRAMAR FL Zip Code
33027

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BAKER, DALES S 2200 NW 84 AVE MIAMIA FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUEVEDO, BENITO 301 COSTA BRAVA CT. CORAL GABLES FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT BRANT, MICHAEL C 2200 NW 84 AVE MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, PHILLIP 2200 NW 84 AVE MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3601 FLAMINGO ROAD MIRAMAR FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3601 FLAMINGO ROAD MIRAMAR FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3601 FLAMINGO ROAD MIRAMAR FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE SOUTHEAST 3RD AVE 28TH FL. MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael C Brant* 2/6/01 954-538-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)