

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637130

1. Entity Name
CENTRAL AMERICAN AIRCRAFT DISTRIBUTORS INC.

Principal Place of Business
3050 NW 62 AVE.
MIAMI FL 33122

Mailing Address
3050 NW 82 AVE.
MIAMI FL 33122

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 59-1933732 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CABALLERO, ALFREDO
11141 SW 71 AVENUE
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | P CABALLERO, ALFREDO 11141 SW 71 AVENUE MIAMI FL | <input type="checkbox"/> Delete.. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CABALLERO, LILIAN 11141 SW 71 AVENUE MIAMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| 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 |
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| 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 (305) 593-9929
Date Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90055 017 ***150.00

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DO NOT WRITE IN THIS SPACE

01/14/02 AV

CR2E034 (9/01)