

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90108 047 ***158.75

DOCUMENT # 643369

1. Entity Name

BAHAMAS BEECH CORPORATION

Principal Place of Business

Mailing Address

**145 HARBOR DRIVE
MIAMI FL 33149****145 HARBOR DRIVE
MIAMI FL 33149-1303**

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

65-0351561

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

**CAMACHO, CESAR R
145 HARBOR DRIVE
MIAMI FL 33149**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORGAN, JOHN G	
STREET ADDRESS	KING & GEORGE STS	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAVEN, SAMUEL P	
STREET ADDRESS	KING & GEORGE STS	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, VICTORIA P	
STREET ADDRESS	KING & GEORGE STS	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BARNETT, RUSSELL N	
STREET ADDRESS	KING & GEORGE STS	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAMPBELL, DONALD C	
STREET ADDRESS	KING & GEORGE STS	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CAMACHO, CESAR	
STREET ADDRESS	240 E. FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)