

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90031 026 ***150.00

DOCUMENT # 804895

1. Entity Name

EASTERN AIR LINES, INC.

Principal Place of Business

TAX DEPT.
 9300 N.W. 36TH ST.
 MIAMI FL 33178
 US

Mailing Address

9300 NW 36TH ST
 MIAMI FL 33131-3259
 US

2. Principal Place of Business

1221 BRICKELL AVE.

3. Mailing Address

1221 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 1780

Suite, Apt. #, etc.

SUITE 1780

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

13-0655310

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BEVANS, RONALD T., JR.
C/O EASTERN AIR LINES, INC.
9300 N.W. 36TH ST.
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

SAME

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

1221 BRICKELL AVE

SUITE 1780

City

MIAMI

FL

Zip Code

33131

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

3-10-00

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

TITLE **PSD**
 NAME **SICILIAN, JOHN J**
 STREET ADDRESS **9300 N.W. 36TH ST.**
 CITY-ST-ZIP **MIAMI FL**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **} SAME**
 NAME **} SAME**
 STREET ADDRESS **1221 BRICKELL AVE SUITE 1780**
 CITY-ST-ZIP **MIAMI FL 33131**

☒ Change ☐ Addition

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☐ Change ☐ 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

3-10-00

Date

305 536 2246

Daytime Phone #

x234