

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002272**

1. Entity Name

CARIBE AVIATION FLORIDA, LTD.

SEI
DIVIS
001

FILED

Aug 04 2000 8:00 am
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6905 N.W. 25TH STREET
MIAMI FL 33122

Mailing Address

6905 N.W. 25TH STREET
MIAMI FL 33122

2. Principal Place of Business

3701 Flamingo Road
Suite, Apt. #, etc.

3. Mailing Address

3701 Flamingo Road
Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33027

Country

US

Zip

33027

Country

US

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1.00

10. Amount of Capital Contributions
in FLORIDA to date.

1.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F99000006759**
NAME **CARIBE HOLDINGS, INC.**
STREET ADDRESS **6905 N.W. 25TH STREET**
CITY-ST-ZIP **MIAMI FL 33122**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3701 Flamingo Road**
CITY-ST-ZIP **MIRAMAR, FL 33027**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **000003358040--8**
-08/15/00--01064--020

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)