2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

04-27-2001 90406 002 ***150.00

DOCUMENT # F00000002336

1. Entity Name
I-AEROBIDS.COM, INC.

Principal Place of Business	Mailing Address
701 BRICKELL AVENUE, SUITE 3120 MIAMI FL 33131	701 BRICKELL AVENUE, SUITE 3120 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1221 BRICKELL AVE	1221 BRICKELL AVE
Suite, Apt. #, etc. SUITE 900	Suite, Apt. #, etc. SUITE 900
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country	Zip 33131 Country

4. FEI Number 22-3698369 ☐ 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
KALIMI, JAMES 701 BRICKELL AVENUE, SUITE 3120 MIAMI FL 33131	Name CORPORATE CREATIONS Street (P.O. Box Not Acceptable) 941 FOURTH STREET, #200 City MIAMI FL 33139

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] 5/16/01
Signature, typed or printed name of registered agent and title if applicable. DATE
(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, 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	PSCD KALIMI, JAMES 701 BRICKELL AVENUE, SUITE 3120 MIAMI FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSCD KALIMI, JAMES M 1221 BRICKELL AVE, SUITE 900 MIAMI, FL 33131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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], James M. Kalimi, President 4/17/01 305-358-3678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #