

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000002381**1. Entity Name  
TROPICAL INTERNATIONAL AIRWAYS, LTD., INCORPORATEDPrincipal Place of Business  
ROBERT L. BRADSHAW INTERNATIONAL AIRPORT  
BIRD ROCK RD.  
BASSETTERRE, ST. KITTS, WI  
Mailing Address  
3000 SW 4TH AVE.  
FORT LAUDERDALE  
33315 FL2. Principal Place of Business  
ROBERT L. BRADSHAW INTERNATIONAL AIRPORT3. Mailing Address  
2900 UNIVERSITY DRIVESuite, Apt. #, etc.  
BIRD ROCK RD.Suite, Apt. #, etc.  
SUITE 72City & State  
BASSETTERRE, ST. KITTS, WICity & State  
CORAL SPRINGS FL

Zip Country

Zip Country  
330654. FEI Number  
Applied For  
☒ Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MAYERS COLIN  
3000 SW 4TH AVE.  
FORT LAUDERDALE FL  
33315 US**7. Name and Address of New Registered Agent**Name  
MAYERS COLIN  
Street Address (P.O. Box Number is Not Acceptable)  
2900 UNIVERSITY DRIVE  
SUITE 72  
City  
CORAL SPRINGS FL Zip Code  
33065

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 \_\_\_\_\_ 04/26/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 T ☐ Delete  
NAME HARRIGAN WILBUR  
STREET ADDRESS P.O. BOX 159  
CITY-ST-ZIP ST. JOHNTITLE D ☒ Change ☐ Addition  
NAME HEITNER ROBERT  
STREET ADDRESS 1193 SUSSEX DRIVE  
CITY-ST-ZIP NORTH LAUDERDALE FL 33068TITLE DV ☐ Delete  
NAME RICHARDS STEVEN  
STREET ADDRESS 4301 SW 78TH DR.  
CITY-ST-ZIP DAVIE FL 33328TITLE DV ☒ Change ☐ Addition  
NAME RICHARDS STEVEN  
STREET ADDRESS 4301 SW 78TH DR.  
CITY-ST-ZIP DAVIE FL 33328TITLE DS ☐ Delete  
NAME KILLOO JAMES  
STREET ADDRESS 2651 SW 141 TERRACE  
CITY-ST-ZIP DAVIE FL 33330TITLE DS ☒ Change ☐ Addition  
NAME KILLGO JAMES  
STREET ADDRESS 2651 SW 141 TERRACE  
CITY-ST-ZIP DAVIE FL 33330TITLE VC ☐ Delete  
NAME OESTREICH IRVING  
STREET ADDRESS 9440 TANGERINE PL  
CITY-ST-ZIP DAVIE FL 33328TITLE VC ☒ Change ☐ Addition  
NAME OESTREICH IRVING  
STREET ADDRESS 9440 TANGERINE PL  
CITY-ST-ZIP DAVIE FL 33328TITLE C ☐ Delete  
NAME RAHAEL GEORGE  
STREET ADDRESS 2900 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE C ☒ Change ☐ Addition  
NAME RAHAEL GEORGE  
STREET ADDRESS 2900 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:** Robert Heitner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 04/26/2001

Date Daytime Phone #

CR2E034 (11/00)