

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-02-2001 90185 024 ***150.00

DOCUMENT # F00000004155

1. Entity Name

BWIA WEST INDIES AIRWAYS LIMITED, INC.

Principal Place of Business

Mailing Address

**30 EDWARD STREET
 PORT OF SPAIN
 TRINIDAD**

**30 EDWARD STREET
 PORT OF SPAIN
 TRINIDAD**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Golden Grove Road

Suite, Apt. #, etc.
Golden Grove Road

City & State

Piarco

City & State

Piarco

4. FEI Number

98-0160932

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

**BOYCE, STEVEN C
 C/O BWIA WEST INDIES AIRWAYS LIMITED
 TICKET COUNTER, 2ND LEVEL, CONCOURSE E
 MIAMI INT. AIRPORT, MIAMI FL 33159**

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 reappointing)

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, 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	PCEO	<input type="checkbox"/> Delete
NAME	ALCONG, CONRAD	
STREET ADDRESS	GOLDEN GROVE ROAD	
CITY-ST-ZIP	PIARCO, TRINIDAD	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARRINGTON, BEATRIX	
STREET ADDRESS	SUNJET HOUSE, IND. SQ. BRIDGETOWN	
CITY-ST-ZIP	ST. MICHAEL, BARBADOS	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HILL, PETER	
STREET ADDRESS	GOLDEN GROVE ROAD	
CITY-ST-ZIP	PIARCO, TRINIDAD	
TITLE	V	<input type="checkbox"/> Delete
NAME	BILLY, BRENDA	
STREET ADDRESS	GOLDEN GROVE ROAD	
CITY-ST-ZIP	PIARCO, TRINIDAD	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAMPAUL, KIMCHAND	
STREET ADDRESS	GOLDEN GROVE ROAD	
CITY-ST-ZIP	PIARCO, TRINIDAD	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MAHABIR, MITRA	
STREET ADDRESS	GOLDEN GROVE ROAD	
CITY-ST-ZIP	PIARCO, TRINIDAD	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicole Richards	
STREET ADDRESS	GOLDEN GROVE ROAD	
CITY-ST-ZIP	PIARCO, TRINIDAD	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christian Anderson	
STREET ADDRESS	GOLDEN GROVE ROAD	
CITY-ST-ZIP	PIARCO, TRINIDAD	
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: **Nicole Richards**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2001, (868) 669-3000

Date

Daytime Phone #

CR2034 (10/00)