

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90162 026 \*\*\*150.00

**DOCUMENT # F00000004155**

1. Entity Name  
**BWIA WEST INDIES AIRWAYS LIMITED, INC.**



Principal Place of Business  
**GOLDEN GROVE ROAD  
PIARCO, TRINIDAD**

Mailing Address  
**GOLDEN GROVE ROAD  
PIARCO, TRINIDAD**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **98-0160932**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name **BOYCE, STEVEN C**  
Street Address (P.O. Box Number is Not Acceptable)  
**C/O BWIA WEST INDIES AIRWAYS LIMITED  
TICKET COUNTER, 2ND LEVEL, CONCOURSE G  
MIAMI INT. AIRPORT MIAMI FL 33159**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO ALEONG, CONRAD GOLDEN GROVE ROAD PIARCO, TRINIDAD</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CARRINGTON, BEATRIX SUNJET HOUSE, IND. SQ, BRIDGETOWN ST. MICHAEL, BARBADOS</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RICHARDS, NICOLE GOLDEN GROVE ROAD PIARCO, TRINIDAD</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BILLY, BRENDA GOLDEN GROVE ROAD PIARCO, TRINIDAD</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RAMPAL, KIMCHAND GOLDEN GROVE ROAD PIARCO, TRINIDAD</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO SCHUTZ, PAUL GOLDEN GROVE ROAD PIARCO, TRINIDAD</b> <input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nicole Richards**

2003 April 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)