

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91559 027 \*\*\*150.00

<b>DOCUMENT #</b>	<b>F9300.0Q02983</b>
1. Entity Name	
<b>Chabel Aviation, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

**642624**

2. Principal Place of Business		3. Mailing Address	
<b>200 S. Biscayne Blvd.</b>		<b>200 S. Biscayne Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>Suite 2000</b>		<b>Suite 2000</b>	
City & State		City & State	
<b>Miami, Florida</b>		<b>Miami, Florida</b>	
Zip	Country	Zip	Country
<b>33131</b>	<b>U.S.A.</b>	<b>Miami</b>	<b>U.S.A.</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
<b>65-0418618</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name
<b>James M. Meyer, Esq.</b>
Street Address (P.O. Box Number is Not Acceptable)
<b>200 S. Biscayne Boulevard</b>
<b>Suite 2000</b>
City
<b>Miami</b>
FL
Zip Code
<b>33131</b>

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1 Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE	PD	TITLE	
NAME	<b>Manuel Trigueros</b>	NAME	
STREET ADDRESS	<b>200 S. Biscayne Blvd., #2000</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>Miami, FL 33131-2310</b>	CITY - ST - ZIP	
TITLE	VDAS	TITLE	
NAME	<b>Jörg B. Bösch</b>	NAME	
STREET ADDRESS	<b>200 S. Biscayne Blvd., #2000</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>Miami, FL 33131-2310</b>	CITY - ST - ZIP	
TITLE	STD	TITLE	
NAME	<b>Carlos Sosa</b>	NAME	
STREET ADDRESS	<b>200 S. Biscayne Blvd., #2000</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>Miami, FL 33131-2310</b>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02**  
Date

Daytime Phone #

CR2E034B (12/01)