

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90737 010 ***150.00

DOCUMENT # F93000002983

1. Entity Name

CHABEL AVIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
701 Brickell Avenue

3. Mailing Address
701 Brickell Avenue

Suite, Apt. #, etc.
Suite 1650

Suite, Apt. #, etc.
Suite 1650

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number 65-0418618

Applied For
Not Applicable

Zip
33131

Country
U.S.A.

Zip
33131

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name James M. Meyer, Esq.

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue

Suite 1650

City Miami

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 PD
NAME Trigueros, Manuel
STREET ADDRESS 701 Brickell Avenue, Suite 1650
CITY-ST-ZIP Miami, Florida 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VDAS
NAME Bosch, Jorge
STREET ADDRESS 701 Brickell Avenue, Suite 1650
CITY-ST-ZIP Miami, Florida 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME Sosa, Carlos
STREET ADDRESS 701 Brickell, Suite 1650
CITY-ST-ZIP Miami, Florida 33131

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IN THIS SPACE**

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)