

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000004272**

1. Entity Name

TAM - TRANSPORTES AEREOS MERIDIONAIS, S.A.**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90286 008 ***150.00

0146451

Principal Place of Business

Mailing Address

**7205 NW 19TH STREET
SUITE 501
MIAMI FL 33126****7205 NW 19TH STREET
SUITE 501
MIAMI FL 33126****639943**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0773334**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOURE-DOMEQ, ELENA ESQ.
1313 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES FL 33134**

Name

Manuel L. Rivero

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

1313 Ponce De Leon Blvd.**Suite 300**

City

Coral Gables**FL**Zip Code
33134

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.

Manuel L. Rivero**2/21/01**

(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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P BRATKOWSKI, JOAO E 1313 PONCE DE LEON BLVD., STE 300 CORAL GABLES FL 33134			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joao E. Bratkowski**2/21/01**

Date

(305)477-5997

Daytime Phone #

CR2E034 (10/00)