

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

DOCUMENT # **F97000004272**

1. Entity Name

TAM-TRANSPORTES AEREOS MERIDIONAIS, S.A.

FILED

02 MAR -7 AM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 700

City & State

Miami, FL 33126

Zip

33126

Country

USA

3. Mailing Address

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 700

City & State

Miami, FL 33126

Zip

33126

Country

USA

4. FEI Number

65-0773334

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Manuel Rivero

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

1313 Ponce de Leon Blvd

Suite 300

City

Coral Gables

FL

Zip Code

33134

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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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**Commercial Manager, N.A.
Mr. Jose Sales
5201 Blue Lagoon Drive #700
Miami, FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500005112665--9
-03/18/02--01031--022
****158.75 ****158.75**

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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

Date

Daytime Phone #