

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000003133

FILED  
Apr 10, 2002 8:00 AM  
Secretary of State

Entity Name: FLOPS-SERVICOS AUXILIARES DE OPERACOES DE VOOS LTDA

## Current Principal Place of Business:

7587 NW 7TH STREET  
MIAMI, FL 33126

## New Principal Place of Business:

7587 NW 7TH STREET  
MIAMI, FL 33126 US

## Current Mailing Address:

7587 NW 7TH STREET  
MIAMI, FL 33126

## New Mailing Address:

7587 NW 7TH STREET  
MIAMI, FL 33126 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAZZA, MIGUEL  
7587 NW 7TH STREET  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSC ( ) Delete  
Name: MANTOVANI, EDILTON B  
Address: AV. JOSE BONIFACIO 1351-APT 74A-JD  
City-St-Zip: PAINEIRAS CAMPINAS BRAZIL,

Title: VD ( ) Delete  
Name: MANTOVANI, GUSTAVO P  
Address: AV. JOSE BONIFACIO 1351-APT 74A-JD  
City-St-Zip: PAINEIRAS CAMPINAS BRAZIL,

Title: TVC ( ) Delete  
Name: VIEIRA, ERIKA P  
Address: AV. JOSE BONIFACIO 1351-APT 74A-JD  
City-St-Zip: PAINEIRAS CAMPINAS BRAZIL,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSC (X) Change ( ) Addition  
Name: MANTOVANI, EDILTON B  
Address: 13650 LAKE VINING DRIVE APT.2106  
City-St-Zip: ORLANDO, FL 32821 US

Title: VD (X) Change ( ) Addition  
Name: MANTOVANI, GUSTAVO P  
Address: AV N S FATIMA 805 T114  
City-St-Zip: CAMPINAS, SP , BRAZIL, SP 13090-902 BR

Title: TVC (X) Change ( ) Addition  
Name: MANTOVANI, ERIKA P  
Address: AV N S FATIMA 805 T114  
City-St-Zip: CAMPINAS, SP, BRAZIL, SP 13090-902 BR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDILTON B MANTOVANI

PSC

04/10/2002

Electronic Signature of Signing Officer or Director

Date