2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H52973

1. Entity Name

SIGNATURE:

INTERCONTINENTAL AERO INC.

Principal Place of Business

1717 N. BAYSHORE DRIVE. SUITE 2034
MIAMI FL 33132

1717 N. BAYSHORE DRIVE. SUITE 2034
MIAMI FL 33132-1157

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Country

FILED Apr 03, 2000 8:00 am Secretary of State

04-03-2000 90142 028 ***150.00



NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP						_		_ 1				
Z.p. Country Z.p. Country S. Certificate of Status Desired Agent S	Suite, Apt.	#, etc.		Suite, A	Apt. #, etc.	_			DO NOT WRIT	E IN THIS	SPACE	
8. Name and Address of Current Registered Agent 17. Name and Address of New Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MAMI FL 33156 6. The above named entity submits this statement for the purpose of changing its registered of the or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tark filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00	City & State	e		City & S	State		· · · · · · · · · · · · · · · · · · ·	4.	FEI Number 59-2518643	-		``
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SCON SOUTH DADELAND BLVD. SUITE 508 MAMM IF L 3156 8. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. SIGNATURE Signature typed or prettor same of registored agent and steel disposance.			<u></u>				Name			<u> </u>	<u> </u>	
## City	9200 SOUTH DADELAND BLVD.						Street Address (P.O. Box Number is Not Acceptable)					
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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	13. I hereby o	certify that th	e information supplied v	ith this filing do	es not qualify for	r the exem	ption stated in	Section	119.07(3)(i), Florida Statutes. I	further ce	rtify that the	information
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