

2001 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006477 AT

DOCUMENT # K46089

1. Entity Name
AEROPLAN, INC.



FILED
04 MAY 13 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10060 SW 143RD STREET
MIAMI FL 33176
US

Mailing Address
10060 SW 143RD STREET
MIAMI FL 33176
US

2. Principal Place of Business
10060 S.W. 143 ST.
Suite, Apt. #, etc.

3. Mailing Address
10060 S.W. 143 ST.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES *TR*

City & State
MIAMI, FL.

City & State
MIAMI, FL

4. FEI Number
65-0089299

Applied For
☐ Not Applicable

Zip
33176

Country
USA

Zip
33176

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CESPEDES, OSCAR M
10060 SW 143RD STREET
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name *N/A*
Street Address (P.O. Box Number is Not Acceptable) *N/A*
City *N/A* FL Zip Code *33176*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY- ST- ZIP
DPS
CESPEDES, OSCAR M
10060 SW 143RD STREET
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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TITLE
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CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500037058815
*05/24/04--01106--012 **150.00* ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 *305/233-5452*
Date Daytime Phone #

CR2E034 (10/02)