

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K71923

1. Entity Name

FINE AIR SERVICES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90130 041 ***158.75

Principal Place of Business

22614 NW 67TH AVENUE
BLDG. 700
MIAMI FL 33122

Mailing Address

P O BOX 523726
MIAMI FL 33152-3726
US

2. Principal Place of Business

2261 NW 67th Ave.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0140639

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINE, BARRY H
2261 NW 67TH AVE
BUILDING 700
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name
Richards, Richard L.

Street Address (P.O. Box Number is Not Acceptable)
2261 NW 67th AVE.

Bldg. 700 Suite 214

City
Miami

FL

Zip Code
33122

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

Richard L. Richards, VP & General Counsel 4/28/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	S	<input checked="" type="checkbox"/> Delete
NAME	LIPWORTH, CELESTE A	
STREET ADDRESS	2261 NW 67TH AVE, BLDG 700	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FINE, BARRY H.	
STREET ADDRESS	2261 NW 67TH AVE BLDG 700	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACHADO, ORLANDO M	
STREET ADDRESS	2261 NW 67TH AVE BLDG 700	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fine, J. Frank	
STREET ADDRESS	2261 NW 67TH AVE.	
CITY-ST-ZIP	Miami, Florida 33122	
TITLE	DTAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Machado, Orlando M.	
STREET ADDRESS	2261 NW 67th AVE.	
CITY-ST-ZIP	Miami, FL 33122	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cabeza, Guillermo J.	
STREET ADDRESS	3401 NW 59th AVE.	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richards, Richard L.	
STREET ADDRESS	2261 NW 67th AVE.	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Richard L. Richards

4/28/00 (305) 871-6606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #