2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007845

FILED
01 APR 30 PM 6:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000097 28 AF

1. Entity Name
DARBY INTERNATIONAL AIRWAYS, LLC

Principal Place of Business
329 GRANELLO AVENUE
CORAL GABLES FL 33146

Mailing Address
329 GRANELLO AVENUE
CORAL GABLES FL 3314

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1020922 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVENUE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
MGRM DARBY SHORES MANAGEMENT, INC. 329 GRANELLO AVENUE CORAL GABLES FL 33146	☐
	☐
	☐
	☐
	☐
	☐

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
	☐	☐
100004217991--0 -05/15/01--01107--007 *****50.00	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/24/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)