

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016060

1. Entity Name

NIMBUS AVIATION, L.L.C.

Principal Place of Business
**901 Ponce de Leon Blvd.
 Suite 603
 Coral Gables, Fl. 33134**

Mailing Address
**901 Ponce de Leon Blvd.
 Suite 603
 Coral Gables, Fl. 33134**

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE
 TREASURY

2. Principal Place of Business

3. Mailing Address

/ Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**William H. Albornoz, P. A.
 901 Ponce de Leon Blvd. #603
 Coral Gables, Fl. 33134**

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

5000004425336-1
-06/18/01--01123--014
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Pardo, Luis A. MGR. ☐ Delete
901 Ponce de Leon Blvd. #603
Coral Gables, Fl. 33134

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Pardo, Francisco J. MGR. ☐ Delete
901 Ponce de Leon Blvd. #603
Coral Gables, Fl. 33134

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

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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: Luis A. Pardo Luis A. Pardo, MGR. 4-17-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/00)