FILED
Jul 01, 2002 8:00 am
Secretary of State

05-15-2002 90136 030 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002326

1. Entity Name

FLORIDA CARIBBEAN AIR HOLDING, LLC

Principal Place of Business	Mailing Address
~~114-B PONCE DE LEON BLVD.~~ ~~CORAL GABLES FL 33135~~	~~114-B PONCE DE LEON BLVD.~~ ~~CORAL GABLES FL 33135~~
c/o BRLPI, CPA's	c/o BRLPI, CPA's

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2929 E. Commercial Blvd	2929 E. Commercial Blvd.
Suite, Apt. #, etc. #409	Suite, Apt. #, etc. #409
City & State Ft. Lauderdale FL	City & State Ft. Lauderdale, FL
Zip 33308 Country Broward	Zip 33308 Country Broward

4. FEI Number 65-1077103 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REPOSA, RICHARD A
~~114-B PONCE DE LEON BLVD.~~
~~CORAL GABLES FL 33135~~
2929 E. Commercial Blvd. #409
Ft. Lauderdale, FL 33318

7. Name and Address of New Registered Agent

Name Richard A. Reposa

Street Address (P.O. Box Number is Not Acceptable) 2929 E. Commercial Blvd #409

City Ft Lauderdale FL Zip Code 33308

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]

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRINCIPAL RICHARD A. REPOSA 2929 E. COMMERCIAL BLVD, #409 FT. LAUDERDALE, FL 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #