

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000854**

1. Entity Name

MIAMI INTERNATIONAL CHARTERS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

2929 E. COMMERCIAL BLVD., SUITE 701
FORT LAUDERDALE FL 33308

Mailing Address

P.O. BOX 10808
POMPANO BEACH FL 33061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 Ponce De Leon Blvd
Suite, Apt. #, etc.

3. Mailing Address

110 Ponce De Leon Blvd
Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0855994

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33135

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REPOSA, RICHARD A
2929 E. COMMERCIAL BLVD., SUITE 701
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **RICHARD A. REPOSA**

Street Address (P.O. Box Number is Not Acceptable)
110 PONCE DE LEON

City **CORAL GABLES** **FL** Zip Code **33135**

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 Reposa

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/00

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **REPOSA, RICHARD A**
STREET ADDRESS **2929 EAST COMMERCIAL BLVD., SUITE 409**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **200003391242--7**
CITY-ST-ZIP **-09/13/00--01042--018**
*******50.00 *****50.00**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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
REPOSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/1/00

Date

305-445-3327

Daytime Phone #

CF 2E083 (5/00)