

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001376

1. Entity Name
BANANA FLIGHT CENTER, L.C.

Principal Place of Business
2360 COLLINS AVENUE
MIAMI BEACH FL 33139

Mailing Address
2360 COLLINS AVENUE
MIAMI BEACH FL 33139-1604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3307235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
1116-D THOMASVILLE ROAD
MOUNT VERNON SQUARE
TALLAHASSEE FL 32301

change of address

7. Name and Address of New Registered Agent

Name Corporate Access Inc
Street Address (P.O. Box Number is Not Acceptable)
236 East 6th Ave
City Tallahassee FL Zip Code 32303

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 MGR ASATEJ SRL ☐ Delete
STREET ADDRESS FLORIDA 835, 3 PISO, OFFICE 320
CITY- ST- ZIP BUENOS AIRES 1005, ARGENTINA

TITLE NAME MGR BANANA BUNGALOW MANAGEMENT, INC. ☐ Delete
STREET ADDRESS 6711 FOREST LAWN DRIVE, SUITE 209
CITY- ST- ZIP LOS ANGELES CA 90268

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
500003195915-3
-04/04/00-01000-008
*****50.00 *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 *[Signature]* Manager

March 16 00

305 5387773

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

Date

Daytime Phone #

APPROVED
FILED

00 MAR 20 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 3/30



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)