

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003348 AF

DOCUMENT # **L99000003495**

1. Entity Name  
**AIR ELITE, LLC**

**FILED** *WLC 4/5*  
00 MAR 27 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
4770 BISCAYNE BLVD., STE 1000  
MIAMI FL 33137

Mailing Address  
4770 BISCAYNE BLVD., STE 1000  
MIAMI FL 33137-3251

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

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

4. FEI Number **65-0973-755** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MURPHY, WILLIAM F**  
4770 BISCAYNE BLVD., STE 930  
MIAMI FL 33137

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 \_\_\_\_\_ (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	MGR CHOMUT, CARLOS I 4770 BISCAYNE BLVD., STE 1000 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER CARLOS I. CHOMUT 4770 BISCAYNE BLVD, STE 1000 MIAMI, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER REINHARD KIPKE SCHUBERTSTR 7 65232 TAUNUSSTEIN GERMANY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 0000003207480--9 -04/13/00--01078--002 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carlos Chomut* **SIGNATURE REQUIRED** **CARLOS CHOMUT 2/7/00** (305) 576-2403  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)