

2000 UNIFORM BUSINESS REPORT (UBR)

0003348 AF

DOCUMENT # L99000003495

1. Entity Name
AIR ELITE, L.L.C.

FILED
00 MAR 27 PM 3:23
4/5

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

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0913-755

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, WILLIAM F

4770 BISCAYNE BLVD., STE 930

MIAMI FL 33137

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
MGR
CHOMUT, CARLOS I
4770 BISCAYNE BLVD., STE 1000
MIAMI FL
☐ Delete

TITLE NAME
MANAGER
CARLOS I. CHOMUT
4770 BISCAYNE BLVD., STE 1000
MIAMI, FL 33137
☒ Change ☐ Addition

TITLE NAME

☐ Delete

TITLE NAME
MANAGER
REINHARD KIPKE
SCHUBERTSTR 7
65232 TAUNUSSTEIN GERMANY
☐ Change ☒ Addition

TITLE NAME

☐ Delete

TITLE NAME

☐ Change ☐ Addition

TITLE NAME

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TITLE NAME

☐ Delete

TITLE NAME

☐ 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:

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

CARLOS CHOMUT 2/1/00

Date

(305) 576-2403

Daytime Phone #

CR2E083 (9/99)