

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003866

1. Entity Name

BUMI AVIATION, L.L.C.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

900 S. U.S. HWY #1, SUITE 105  
JUPITER FL 33477

Mailing Address

900 S. U.S. HWY #1, SUITE 105  
JUPITER FL 33477



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

☒ Applied For

☐ Not Applied For

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

ABELL, DAVID

900 S. U.S. HWY #1, SUITE 105  
JUPITER FL 33477

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  
STREET ADDRESS ABELL, DAVID  
CITY- ST- ZIP 1150 S. U.S. HIGHWAY #1, SUITE 105  
JUPITER FL 33477 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200003118942--4  
CITY- ST- ZIP -02/01/00--01100--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY- ST- ZIP

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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:

*David Abell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-20-00

561-575-6588

Date

Daytime Phone #