

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002365 AF

00 APR 29 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005974

1. Entity Name
KEY WEST TO CUBA CHARTERS, L.L.C.

Principal Place of Business

25000 OVERSEAS HWY.
SUMMERLAND KEY FL 33042

Mailing Address

P.O. BOX 420008
SUMMERLAND KEY FL 33042-0008



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 42-1075

Suite, Apt. #, etc.

City & State

SUMMERLAND KEY, FL

Zip

33042-1075

Country

USA

MOM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0952538

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLETAN, GERALD W ESQ.

25000 OVERSEAS HWY.

SUMMERLAND KEY FL 33042

7. Name and Address of New Registered Agent

Name

PETER ROSASCO

Street Address (P.O. Box Number is Not Acceptable)

25000 OVERSEAS HIGHWAY

SUMMERLAND KEY FL 33042-4617

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

PETER ROSASCO

(Printed registered agent signature required when reinstating)

4-25-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME HERNANDEZ, JERRY JR.
STREET ADDRESS P.O. BOX 2633 N/A
CITY-ST-ZIP KEY WEST FL 33045 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MEMBER
NAME PETER ROSASCO
STREET ADDRESS 25000 OVERSEAS HWY.
CITY-ST-ZIP SUMMERLAND KEY, FL 33042-4617 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900003249939--5
-05/12/00--01021--021
*****55.00 *****55.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

4-25-00

305-745-4077

CR2E083 (9/99)