

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007875**

1. Entity Name  
**COMMUNITY AVIATION OPF, L.L.C.**

APPROVED  
AND  
FILED

00 MAY 19 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**41 ARVIDA PARKWAY  
CORAL GABLES FL 33156**

Mailing Address

**41 ARVIDA PARKWAY  
CORAL GABLES FL 33156-2310**

2. Principal Place of Business

**100 Miracle Mile  
Suite, Apt. #, etc.  
Suite 310**

3. Mailing Address

**Same  
Suite, Apt. #, etc.**

City & State

**Coral Gables, FL**

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

**33134**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HUDSON, MATTHEW C  
41 ARVIDA PARKWAY  
CORAL GABLES FL 33156**

7. Name and Address of New Registered Agent

Name

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

**100 Miracle Mile, Suite 310**

City

**Coral Gables, FL**

**FL**

Zip Code

**33134**

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 **Matthew C. Hudson**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/15/00**

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.  
Matthew C. Hudson  
8251 Old Cutler Road  
Coral Gables, FL 33143**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**9000003283799--0  
-06/12/00--01003--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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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:

**Matthew C. Hudson**

**4/15/00**

**(305) 569-9161**

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

Date

Daytime Phone #

CR2E083 (9/99)