

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009266**

1. Entity Name

**EXCALIBUR AIRE, LLC**

FILED

01 APR -6 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**14212 SW 136TH STREET  
MIAMI FL 33186**

Mailing Address

**14212 SW 136TH STREET  
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0961770**  
**APPLIED FOR**

Applied For

Not Applicable

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

**GORDON, SPENCER  
14212 SW 136TH STREET  
MIAMI FL 33186**

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 **MGRM** ☐ Delete  
STREET ADDRESS **GORDON, SPENCER**  
CITY-ST-ZIP **14212 SW 136 ST.  
MIAMI FL 33186**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS **100004009641--3**  
CITY-ST-ZIP **-04/16/01--01022--013**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS **\*\*\*\*\*50.00 \*\*\*\*\*50.00**  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
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: **SP Gordon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**01/10/01 (305) 255-3941**

0026129 AF

CR2E083 (11/00)