

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000687

1. Entity Name

CAMBATA AVIATION INTERNATIONAL, LLC

Principal Place of Business

ROUTE 1, BOX 154
MILLBORO VA 24460-9533

Mailing Address

ROUTE 1, BOX 154
MILLBORO VA 24460-9533

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

54-1822090

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

HOOPER, JAMES
100 JETT AIRE COURT
SANFORD FL 32773

Name
Nelson Cambata
Street Address (P.O. Box Number is Not Acceptable)
100 StarPort Way
City Sanford FL Zip Code 32773

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
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Cambata Industries, Inc. (MGRM)
Route 1, Box 154
Millboro, Virginia 24460-9533 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Kershi S. Cambata
President
Route #1, Box 154 (MGR)
Millboro, Va. 24460 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Secretary/Treasurer
Nelson K. Cambata (MGR)
2101 Ocean Drive ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP New Smyrna Beach, Fl. 32169
400004384324-06/08/01-01101-016
*****50.00 *****50.00 ☐ 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:

Nelson Cambata REQUIRED, President

(407) 321-8880

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

Date

Daytime Phone #

APPROVED
AND
FILED

01 MAY 14 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE