

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90041 019 ****50.00

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

100 STARPORT WAY

Suite, Apt. #, etc.

3. Mailing Address

Route #1, Box 154

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SANFORD, FLORIDA

Zip
32773

Country

USA

City & State

MILLBORO, VA

Zip
24460

Country

USA

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

**CAMBATA, NELSON
100 STARPORT WAY
SANFORD FL 32773**

7. Name and Address of New Registered Agent

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 **NELSON Cambata**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/02

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAMBATA INDUSTRIES, INC.
ROUTE 1, BOX 154
MILLBORO VA 24460-9533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAMBATA, KERSHI S
ROUTE 1, BOX 154
MILLBORO VA 24460-9533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAMBATA, NELSON K
2101 OCEAN DR.
NEW SMYRNA BEACH FL 32169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/7/02

Date

1-407-321-8880

Daytime Phone #

CR2E083 (9/01)