

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90063 048 ***150.00

DOCUMENT # M 34232

1. Entity Name

TAM CHARTERS, INC. ✓

DO NOT WRITE IN THIS SPACE

B0093703

2. Principal Place of Business

7001 SW 61 AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 432050
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

59-2667525

Applied For

Not Applicable

Zip

33143

Country

U.S.A.

Zip

33243

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MURPHY, LINDA

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

7001 SW 61 AVE

City

MIAMI

FL

Zip Code

33143

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

Linda F. Murphy

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

(NOTE: Registered Agent signature required when reinstating)

4-30-02

DAIL

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, LINDA F
STREET ADDRESS	7001 SW 61 AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	ESTEVEZ, MICHAEL
STREET ADDRESS	7001 SW 61 AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	BARREIRA, NICHOLAI
STREET ADDRESS	7001 SW 61 AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda F. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(305) 266-5920

Daytime Phone #

CR2E034B (12/01)