

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M57748

1. Entity Name

AIRLINE RESERVATION MANAGEMENT, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90037 029 ***150.00

80096473

Principal Place of Business

Mailing Address

9022 GRAND CANAL DRIVE
 MIAMI, FL 33174

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2837533

Applied For

Not Applied

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

MILLARES, AVELINO

9022 GRAND CANAL DRIVE
 MIAMI, FL 33174

Name

Name and Address of New Registered Agent

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of obtaining its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of person authorized to register or file of record or similar

NOTES: Registered Agent & Signer of the record of filing

DATE

FILE IN 1001-1002 IS 1001-1002
 Make Check payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE
PD MILLARES AVELINO	9022 GRAND CANAL DR	MIAMI, FL 33194	☐ Delete
TD RATTO MILLARES EDDA	9022 GRAND CANAL DR	MIAMI, FL 33174	☐ Delete
FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE
FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
FILE NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
FILE NAME	STREET ADDRESS	CITY-STATE-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)(b), 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 recorder or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE:

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

President

Date

Typed Name