

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91554 009 \*\*\*\*70.00

DOCUMENT # N60000003807

1. Entity Name

AIR CALLO ACADEMY INC.

*(Handwritten initials)*

Principal Place of Business

1212 MARIANA AVE  
 CORAL GABLES FL  
 33134

Mailing Address

1212 MARIANA AVE  
 CORAL GABLES FL  
 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

50457

DO NOT WRITE IN THIS SPACE

65-1016608  
 65-1016608

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT  
 NAME: MANUEL ARAGON  
 STREET ADDRESS: 1212 MARIANA AVE  
 CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE: VICE PRESIDENT  
 NAME: ERIC ANDREWS  
 STREET ADDRESS: 10245 SW 154 PL  
 CITY-ST-ZIP: MIAMI FLORIDA 33196

TITLE: SECRETARY  
 NAME: BLANCA ARAGON  
 STREET ADDRESS: 1212 MARIANA AVE  
 CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:   
 NAME:   
 STREET ADDRESS:   
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TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*(Handwritten signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL ARAGON 04-26-01 305-490-2002

Date

Daytime Phone #

CR2E037 (11/00)