

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90160 026 \*\*\*\*70.00

**DOCUMENT # N13080**

1. Entity Name  
**SOUTH WINGS FLIGHT CLUB OF MIAMI, INC.**



Principal Place of Business

**OPA-LOCKA AIRPORT  
OPA-LOCKA FL 33012  
US**

Mailing Address

**5470 W 5 LN  
HIALEAH FL 33012  
US**

2. Principal Place of Business

3. Mailing Address

**2420 SW 131 Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

Zip

Country

**33175**

Country

**USA**

4. FEI Number **59-2634191**

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

**FERNANDEZ, IGNACIO  
5470 W 5 LANE  
HIALEAH FL 33012**

Name **MARCELINO GARCIA**

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

**2420 SW 131 Ct.**

City **MIAMI**

FL

Zip Code **33175**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Marcelino Garcia*

**MARCELINO GARCIA**

**4-02-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete  
NAME **FERNANDEZ, IGNACIO**  
STREET ADDRESS **5470 W. 5 LANE**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **SD** ☒ Change ☐ Addition  
NAME **MARCELINO GARCIA**  
STREET ADDRESS **2420 SW 131 Ct. MIAMI, FL 33175**  
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **PD** ☐ Delete  
NAME **DE LA O, HECTOR**  
STREET ADDRESS **16805 N.W. 74 AVE.**  
CITY-ST-ZIP **HIALEAH FL**

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

TITLE **TD** ☐ Delete  
NAME **HERNANDEZ, LUIS**  
STREET ADDRESS **860 NE 1 PL**  
CITY-ST-ZIP **HIALEAH FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *X Marcelino Garcia* **MARCELINO GARCIA 4-02-03 (305) 2233087**

CR2E037 (10/02)