FILED
Jul 10, 2001 8:00 am
Secretary of State
05-22-2001 90629 012 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012077

1. Entity Name
HORIZONS AVIATION, INC.

Principal Place of Business	Mailing Address
2977 McFarlane Road Suite 300 Coconut Grove FL 33133	2977 McFarlane Road Suite 300 Coconut Grove FL 33133

75906

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
80 SW 8th St.	80 SW 8th St.
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Miami FL	City & State MIAMI FL
Zip 33130 Country USA	Zip 33130 Country USA

4. FEI Number 65-111-4974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OMAR BOTERO CANAL
3333 Halissee Street
Coconut Grove FL 33133

7. Name and Address of New Registered Agent

Name OMAR BOTERO CANAL
Street Address (P.O. Box Number is Not Acceptable) 80 SW 8th St. Suite 100
City MIAMI FL FL Zip Code 33133

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS $150.00 After MAY 1, 2001, Fee will be $550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE PRESIDENT NAME OMAR BOTERO CANAL STREET ADDRESS 80 SW 8th St. Suite 100 CITY-ST-ZIP MIAMI FL 33130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE VP-ST NAME MAURICIO BOTERO-PARAMO STREET ADDRESS 80 SW 8th St. Suite 100 CITY-ST-ZIP MIAMI FL 33130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 5-1-01 305-377-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #