

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90259 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000012077*

1. Entity Name

HORIZONS AVIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6355 NW 36 ST

Suite, Apt. #, etc.

#604

City & State

Miami FL

Zip

33166

Country

US

3. Mailing Address

6355 NW 36st

Suite, Apt. #, etc.

#604

City & State

Miami FL

Zip

33166

Country

US

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4. FEI Number

65-111 4974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *OMAR BOTERO CANAL*

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

6355 NW 36st #604

City

Miami

FL

Zip Code

33166

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 reappointing)

4/30/02

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
OMAR BOTERO CANAL
6355 NW 36st
Miami, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPS
MAURICIO Botero-Paramo
6355 NW 36st. #604
Miami FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
GERARD COOMBS
6355 NW 36 ST #604
Miami FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Please #

Mauricio Botero *4/30/02* *305 871 8700*

CR2E034B (12/01)