2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

an address.

SIGNATURE AND TYP

all other like empowered.

May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000013363 1. Entity Name FLORIDA AIRPORT EXPRESS, INC. 05-11-2001 90070 008 ***158.75 Principal Place of Business Mailing Address 2766 NW 62 STREET 2766 NW 62 STREET MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, RENE Street Address (P.O. Box Number is Not Acceptable) 2766 NW 62 STREET MIAMI FL 33147 City 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 nos Signature, typed or pr (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE TITLE CR2E034 (10/00) ☐ Addition ☐ Delete Change Rene GONZAKEZ **GONZALEZ, RENE** NAME NAME 2766 NW 625+ 2766 NW 62 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33/47 City-St-7IP MIAMI FL 33147 CITY-ST-7IP VD Dresident Change TITLE □ Delete TITLE ■ Addition GONZALEZ, RAYMOND TAYMOND GONTALET NAME NAME 2766 NW 62 STREET STREET ADDRESS STREET ADDRESS 2766 NW 675t CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 repeat 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 trusted empo ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if