2001/UNIFORM BUSINESS REPORT (UBR)

3 FILED

Mar 27, 2001 8:00 am

1. Entity Nan AME SUA Principal Place	ERICAN HELDPORT, INC	TCOPTER Mailing Address		Secretary of State 03-08-2001 90073 025 ***150.00	
	3 NW 65T		SAM		
MIA	MI, FL 33	118		31833	
2. Principal f	Place of Business	3. Mailing Address		- 01000	÷
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	DO NOT WRITE IN THIS SPACE	
City & Stat	e	City & State		4. FEI Number Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	ate
·	Name and Address of Current I	Pegistered Agent		Fee Required 7. Name and Address of New Registered Agent	→ ·
8.0	NIEL G.		Name	CLAUDIA F. PINTO	
	01 NW 501	_	Street A	Address JPO. Box Number is Not Acceptable)	╣.
	AMI, FL 3				7
·			City	NIAMI FL Zip Code 39178	-
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office of	or registered agent, or both, in the State of Florida.	╗
SIGNATURE	Signature, tripled or printed name of registered agent s	nd bile il applicable. (NOTE: F	Registered Agent signed	5.6065 3/22/01 ature required when reinstating) DATE	
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				550,00 Trust Fund Contribution: Added to Fees	-
11	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ゴニ
TITLE NAME	P TRACY CLOUGH	Delete	TITLÉ NAMÉ	JOHN PINTO Change Addition	SR2E034 (11/00)
STREET ADDRESS	4797 NW 720	DAVE.	STREET ADDRESS	1	4 2
CITY-ST-ZIP	MIAMI FL 3	3166	CITY-ST-ZIP	MIAMI FL 33178	
TITLE		☐ Delete	TITLE	VP Change Addition	# 용
NAME STREET ADDRESS			NAME STREET ADDRESS	GUSTAVO URREGO	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, EL 33 178	
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STREET ADDRESS	and the many of the second		STREET ADDRESS	CLAUDIAFPINTO Change Addition	
CITY-ST-ZIP	•		CITY-ST-ZIP	MIAMI, FL 33178	1
TITLE		☐ Delete	TITLE	S Change Maddition	n
NAME		,	NAME	LUZ E. OROZEO	.
STREET ADDRESS)			STREET ADDRESS CITY-ST-ZIP	11343 NW GOTH ST. MEAMI, EL 33178	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	_
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP		-
TITLE	<u> </u>	☐ Delete	TITLE	☐ Chance ☐ Addition	
NAME			NAME	,	}
STREET ADDRESS	.	\cap	STREET ADDRESS)1	
CITY-ST-ZIP	anik that the information are the	his filter dans got averthe for a	CITY-ST-ZIP	tod in Contine 110 07/01/0 Florid Contine Market 110 07/01/0 Florid Flo	-
indicated of the cor changed,	refuly that the information subglided with on this report or supplemental report is poration or the receiver or trusted empo or on an attachment with an abdress, w	ris illing does not qualify for the rise and accurate and that my velect to execute this report as the little tike empowered.	e exemption stati signature shall he required by Cha	ated in Section 119.07(3)(i), Florida Statutes: Il further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if TO HN PINTO	