

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063906

1. Entity Name
AIRMATIC LIMITED, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90004 008 ***150.00

0618128

Principal Place of Business
**2151 LEJEUNE ROAD
SUITE #312
CORAL GABLES FL 33134**

Mailing Address
**2151 LEJEUNE ROAD
SUITE #312
CORAL GABLES FL 33134**

937250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1020941		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent BARRERA, JOSE U 21205 YACHT CLUB DRIVE UNIT #1607 AVENTURA FL 33180				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature 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

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	BARRERA, JOSE U	21205 YACHT CLUB DR. UNIT #1607 CORAL GABLES FL 33134				
	VPD	BARRERA, GIOVANNA	21205 YACHT CLUB DR. UNIT #1607 CORAL GABLES FL 33134				
	SD	BARRERA, LILIANA	21205 YACHT CLUB DR. UNIT #1607 CORAL GABLES FL 33134		VPDS		

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: _____ Date: **3/20/01** Daytime Phone #: **(305)-936-8579**

CR2E034 (10/00)