

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063906

1. Entity Name
AIRMATIC LIMITED, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90167 001 ***150.00

0642540 SP

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

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

923550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8545 N.W. 29 ST.
Suite, Apt. #, etc.

3. Mailing Address
8545 N.W. 29 ST.
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1020941

Applied For
Not Applicable

Zip
33122
Country
USA

Zip
33122
Country
USA

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

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)
8545 N.W. 29 ST.
City MIAMI FL Zip Code 33122

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRERA, JOSE U	
STREET ADDRESS	21205 YACHT CLUB DR. UNIT #1607	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARRERA, GIOVANNA	
STREET ADDRESS	21205 YACHT CLUB DR. UNIT #1607	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPDS	<input type="checkbox"/> Delete
NAME	BARRERA, LILIANA	
STREET ADDRESS	21205 YACHT CLUB DR. UNIT #1607	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 22 2002

Date Daytime Phone #

CR2E034 (9/01)