2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000076820

1. Entity Name

AEROGROUP AMERICAS, INC.

FILED

02 MAY -8 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
	1200 BRICKELL AVENUE SUITE 900 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
1200 Brickell Ave	
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33131 / Country: U.S.A	Zip / Country

4. FEI Numbe: 60-0000216 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: AGI Registered Agents, Inc
	Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Ave. Suite 900
	City: Miami FL Zip Code: 33131

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 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PSTD ☐ Delete NAME: Martinez, Joaquin R. STREET ADDRESS: 7200 N.W. 19th. Street Suite 308 CITY-ST-ZIP: Miami, Fl. 33126	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: V ☐ Delete NAME: Gamundi, Carlos A. STREET ADDRESS: 7200 N.W 19 Street Suite 308 CITY-ST-ZIP: Miami, Fl. 33126	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 000005574780 B02 -05/20/02--01063--009 ****750.00 ****150.00
TITLE: V ☐ Delete NAME: Viera, Olga Lidia STREET ADDRESS: 7200 N.W. 19 Street Suite 308 CITY-ST-ZIP: Miami, Fl 33126	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information contained herein, and in any attachments, is accurate and complete as required by Section 607.0120, Florida Statutes. I further certify that the corporation is in compliance with all applicable provisions of Chapter 607, Florida Statutes, and that my name appears on Block 11 or Block 12 if changed, or on an attached sheet if additional space is needed.

SIGNATURE: _____ 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR