

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90125 008 \*\*\*550.00

**DOCUMENT # P24682**

1. Entity Name  
**LTU INTERNATIONAL AIRWAYS, INC.**

Principal Place of Business  
**100 N. BISCAYNE BLVD.  
 #500  
 MIAMI FL 33132**

Mailing Address  
**100 N. BISCAYNE BLVD.  
 #500  
 MIAMI FL 33132**

S U I S I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-4164346**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**FREYMUTH, PETER A  
 100 N. BISCAYNE BLVD., #500  
 MIAMI FL 33132**

Name **Ralph Dailey**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 N. Biscayne Blvd. #500**  
 City **Miami** FL Zip Code **33132**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PD	<input checked="" type="checkbox"/> Delete
NAME	FREYMUTH, PETER A	
STREET ADDRESS	100 N. BISCAYNE BLVD., #500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JAMES, JACQUELINE S.	
STREET ADDRESS	100 N. BISCAYNE BLVD., SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARBER, H DIETER	
STREET ADDRESS	FLUGHAFEN, HALLE 8.D 4000	
CITY-ST-ZIP	DUESSELDORF-GERMANY	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	VENHAUS, BRUCE E.	
STREET ADDRESS	100 N. BISCAYNE BLVD., SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEBER, BRADLEY J.	
STREET ADDRESS	100 N. BISCAYNE BLVD., SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dailey, Ralph	
STREET ADDRESS	100 N. Biscayne Blvd. #500	
CITY-ST-ZIP	Miami, Florida 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dailey, Ralph	
STREET ADDRESS	100 N. Biscayne Blvd. #500	
CITY-ST-ZIP	Miami, FL 33132	
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 REQUIRED Ralph Dailey** 8/21/00 305-714-4700  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)