

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30414

1. Entity Name

CORDOBA HELICOPTER ENTERPRISES, INCORPORATED

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90066 007 ***150.00

631545



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7991 PEMBROKE ROAD PEMBROKE PINES FL 33024-6921	7991 PEMBROKE ROAD PEMBROKE PINES FL 33024-6921

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	22-2438026	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent	
CORDOBA EUGENIA 7991 PEMBROKE ROAD PEMBROKE PINES FL 33024	

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	P
NAME	CORDOBA, EUGENIA	NAME	JOSE CORDOBA
STREET ADDRESS	7991 PEMBROKE ROAD	STREET ADDRESS	7991 PEMBROKE RD
CITY-ST-ZIP	PEMBROKE PINES FL 33023	CITY-ST-ZIP	PEMBROKE PINES FL 33023
TITLE		TITLE	VP- SEC
NAME		NAME	EUGENIA CORDOBA
STREET ADDRESS		STREET ADDRESS	7991 PEMBROKE RD
CITY-ST-ZIP		CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Eugenia Cordoba V.P. Secy. 3/2/01 957 967 8477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

0109509