

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38926

1. Entity Name

AEROLINEAS CENTRALES DE COLOMBIA S.A. (ACES)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90023 012 ***150.00

Principal Place of Business	Mailing Address
3625 N.W. 82ND AVE SUITE 211 MIAMI FL 33166 US	3625 N.W. 82ND AVE SUITE 211 MIAMI FL 33166-7600 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	98-0123307	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MATOS, RHONDA 3625 N.W. 82ND AVE SUITE 211 MIAMI FL 33166

7. Name and Address of New Registered Agent		
Name RHONDA SHIRE-MATOS		
Street Address (P.O. Box Number is Not Acceptable) 3625 N.W. 82nd. Ave.		
Suite 211		
City Miami	FL	Zip Code 33166

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		2/7/00
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, 2000 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	P <input type="checkbox"/> Delete
NAME	POSADA, JUAN EMILIO
STREET ADDRESS	CALLE 49 #50-21, PISO 34
CITY-ST-ZIP	MEDELLIN, COLOMBIA
TITLE	VS <input type="checkbox"/> Delete
NAME	URREA, ALVARO MARTINEZ
STREET ADDRESS	CALLE 49, #50-21,PISO 34
CITY-ST-ZIP	MEDELLIN, COLOMBIA
TITLE	T <input type="checkbox"/> Delete
NAME	VASQUEZ, GLORIA
STREET ADDRESS	CALLE 49, #50-21,PISO 34
CITY-ST-ZIP	MEDELLIN, COLOMBIA
TITLE	CD <input type="checkbox"/> Delete
NAME	ESTRADA, MARIO GOMEZ
STREET ADDRESS	CALLE 49, #50-21,PISO 34
CITY-ST-ZIP	MEDELLIN, COLOMBIA
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	
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	

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:		2/7/00	305 265-1376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)