

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38926

1. Entity Name

AEROLINEAS CENTRALES DE COLOMBIA S.A. (ACES)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90010 024 ***150.00

Principal Place of Business

3625 N.W. 82ND AVE
SUITE 211
MIAMI FL 33166
US

Mailing Address

3625 N.W. 82ND AVE
SUITE 211
MIAMI FL 33166
US

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 98-0123307

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

SHIRE- RHONDA

3625 N.W. 82ND AVE
SUITE 211
MIAMI FL 33166

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	POSADA, JUAN EMILIO	
STREET ADDRESS	Calle 10 Sur 50C-75	
CITY-ST-ZIP	Medellin, Colombia	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAURICIO VEGA	
STREET ADDRESS	Calle 10 Sur 50C-75	
CITY-ST-ZIP	Medellin, Colombia	
TITLE	T	<input type="checkbox"/> Delete
NAME	VASQUEZ, GLORIA	
STREET ADDRESS	Calle 10 Sur 50C-75	
CITY-ST-ZIP	Medellin, Colombia	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ESTRADA, MARIO GOMEZ	
STREET ADDRESS	Calle 10 Sur 50C-75	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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:

Rhonda Shire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RHONDA SHIRE, REGIONAL MANAGER

02/07/2001

Date

(305) 265-1272

Daytime Phone #

0499475

CR2E034 (10/00)