

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90012 040 ***150.00

DOCUMENT # **P40304**

1. Entity Name
AEROVIAS DE MEXICO, S.A. DE C.V.

Principal Place of Business
13405 NORTHWEST FREEWAY, SUITE 140
HOUSTON TX 77040

Mailing Address
13405 NORTHWEST FREEWAY, SUITE 140
HOUSTON TX 77040

2. Principal Place of Business
3663 N SAM HOUSTON PKWY E.

3. Mailing Address
3663 N SAM HOUSTON PKWY E.

Suite, Apt. #, etc.
SUITE 500

Suite, Apt. #, etc.
SUITE 500

City & State
HOUSTON, TX

City & State
HOUSTON, TX

Zip
77032

Country
USA

Zip
77032

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0071171

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STINSON, LIONEL A.
999 PONCE DE LEON BLVD
SUITE 100
CORAL GABLES FL 33134

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

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

TITLE **P** ☐ Delete
 NAME **PASQUEL, ALFONSO**
 STREET ADDRESS **PASEO DE LA REFORMA 445**
 CITY-ST-ZIP **MEXICO D.**

TITLE **T** ☐ Delete
 NAME **VAZQUEZ, HECTOR**
 STREET ADDRESS **PASEO DE LA REFORMA 445**
 CITY-ST-ZIP **MEXICO D.**

TITLE **DSVP** ☐ Delete
 NAME **JOSE RAFAEL ROBLES DIAZ**
 STREET ADDRESS **13405 NORTHWEST FREEWAY, SUITE 140**
 CITY-ST-ZIP **HOUSTON TX 77040**

TITLE **VP** ☐ Delete
 NAME **BARAHORA, ARTURO**
 STREET ADDRESS **PASEO DE LA REFORMA**
 CITY-ST-ZIP **MEXICO D.**

TITLE **VP** ☐ Delete
 NAME **HOEHN, ROLF**
 STREET ADDRESS **13405 N.W. FWY, SUITE 140**
 CITY-ST-ZIP **HOUSTON TX 77040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(281) 372-3422

CR2E034 (9/01)