

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90082 044 ***150.00

DOCUMENT # P40304

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



Principal Place of Business
**3663 N SAM HOUSTON PKWY E
SUITE 500
HOUSTON TX 77032
US**

Mailing Address
**3663 N SAM HOUSTON PKWY E
SUITE 500
HOUSTON TX 77032
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **ADELA CALLEJAS**
STREET ADDRESS **PASEO DE LA REFORMA 445**
CITY-ST-ZIP **MEXICO DF**

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

TITLE ☒ Change ☐ Addition
NAME **BARAHONA, ARTURO**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3663 N SAM HOUSTON PKWY E, SUITE 500**
CITY-ST-ZIP **HOUSTON, TX 77032**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-88-03

(281) 372-3422

Date

Daytime Phone #

CR2E034 (10/02)