

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90155 048 ***150.00

DOCUMENT # P40447

1. Entity Name
LAKER AIRWAYS (BAHAMAS) LIMITED, INC.



Principal Place of Business
**1170 LEE WAGENER BLVD
SUITE 200
FT LAUDERDALE FL 33315
US**

Mailing Address
**1170 LEE WAGENER BLVD
SUITE 200
FT LAUDERDALE FL 33315
US**

2. Principal Place of Business

3. Mailing Address

1100 Lee Wagener Blvd

1100 Lee Wagener Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

Suite 203

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33315

US

33315

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAINO, MARY
1170 LEE WAGENER BLVD
SUITE 200
FT LAUDERDALE FL 33315**

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 **CD** ☐ Delete
NAME **LAKER, FREDDIE, SIR**
STREET ADDRESS **1170 LEE WAGENER BLVD SUITE 200**
CITY-ST-ZIP **FT LAUDERDALE FL 33315**

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

TITLE **S** ☐ Delete
NAME **MOSS, WILLIE**
STREET ADDRESS **P.O. BOX F-2666, FREEPORT**
CITY-ST-ZIP **GRAND BAHAMA ISLANDS**

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

TITLE **D** ☐ Delete
NAME **MILLER, ALBERT J**
STREET ADDRESS **P.O. BOX F-2666, FREEPORT**
CITY-ST-ZIP **GRAND BAHAMA ISLANDS**

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

TITLE **D** ☐ Delete
NAME **WYATT, OSCAR S., JR.**
STREET ADDRESS **9 GREENWAY PL, #780**
CITY-ST-ZIP **HOUSTON TX**

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

TITLE **D** ☐ Delete
NAME **MAINO, MARY**
STREET ADDRESS **1170 LEE WAGENER BLVD. #200**
CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

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

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 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 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

Date

Daytime Phone #

4/4/03

(954) 359-0199

CR2E034 (10/02)