

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**  
 04-28-2001 90074 031 \*\*\*150.00

<b>DOCUMENT # P93000049919</b> 1. Entity Name <b>G.I. AVIATION, INC.</b>																																																										
Principal Place of Business <b>407 LINCOLN RD., #5B</b> <b>MIAMI BEACH FL 33139</b>		Mailing Address <b>407 LINCOLN RD., #5B</b> <b>MIAMI BEACH FL 33139</b>																																																								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																								
City & State		City & State																																																								
Zip	Country	Zip	Country																																																							
4. FEI Number <b>65-0426308</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable                 </div>																																																										
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																										
6. Name and Address of Current Registered Agent  <b>BRITO, GEORGE</b> <b>407 LINCOLN RD., #5B</b> <b>MIAMI BEACH FL 33139</b>		7. Name and Address of New Registered Agent Name <b>Garcia Méndez, Karen</b> Street Address (P.O. Box Number is Not Acceptable) <b>14548 S.W. 95th Lane</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33186</b>																																																								
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 <u><i>Karen Méndez</i></u> DATE <u>4/22/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																																																								
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>11. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>D</b></td> <td><b>GAILLARD, PHILIPPE J</b></td> <td><b>345 GULF ROAD</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>KEY BISCAYNE FL</b></td> <td><b>33149</b></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>D</b>	<b>GAILLARD, PHILIPPE J</b>	<b>345 GULF ROAD</b>				<b>KEY BISCAYNE FL</b>	<b>33149</b>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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: <u><i>P. Gaillard</i></u> <b>03/19/01</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																										



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)