## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 01, 2001 8:00 am DOCUMENT # P93000055490 . **Secretary of State** DADE AVIATION MARKETING, INC. 03-01-2001 90042 014 \*\*\*150.00 Principal Place of Business Mailing Address 7700 N KENDALL DR 7700 N KENDALL DR SHITE 805 SUITE 805 MIAMI FL 33156 MIAMI FL 33156 IIS 2. Principal Place of Business 9655 So. DIXIE High way 9655 So Dixie Highway Suite, Apt. #, etc. 3rd Floor DO NOT WRITE IN THIS SPACE 3K) City & State City & State 4. FEI Number Applied For 65-0435964 FL MIAMI MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRETO, RODNEY Street Address (P.O. Box Number is Not Acceptable) 7700 N KENDALL DR So DIXIC HIGH SUITE 805 MIAMI FL 33156 Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sabmits this statement for LUNION BARRETO SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change Addition BARRETO, RODNEY NAME NAME So Dixie Highway 7700 N KENDALL DR #805 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change noitibbA TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CiTY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01 305-444-4648

Daytime Phone #