

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90065 012 ***150.00

DOCUMENT # P94000014102

1. Entity Name
AVIATION MANAGEMENT & MARKETING, INC.

Principal Place of Business

Mailing Address

**7700 N. KENDALL DR.
 SUITE 805
 MIAMI FL 33156**

**7700 N. KENDALL DR.
 SUITE 805
 MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

9655 So. Dixie Highway

9655 So. Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3RD Floor

3RD Floor

City & State

City & State

MIAMI FL

MIAMI

Zip

Country

33156

USA

Zip

Country

FL

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0505281**

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

**BARRETO, RODNEY
 7700 N. KENDALL DR.
 SUITE 805
 MIAMI FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

9655 So. Dixie Highway

3RD Floor

City **MIAMI**

FL

Zip Code **33156**

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, 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRETO, RODNEY	
STREET ADDRESS	7700 N. KENDALL DRIVE, #805	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9655 So. Dixie Highway	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, without other like endorsement.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/01

305-444-4648

CR2E034 (10/00)