## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT\_# P94000023599 Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** BIMINI ISLAND AIR 03-27-2000 90095 018 \*\*\*150.00 Principal Place of Business Mailing Address (Same) 1625 W. Commercial Blvd. Hanger 16 Ft. Lauderdale, FL 33309 C0045533 2. Principal Place of Business 3. Mailing Address (Same) (Same) DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0688951 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Byers, John C. <u>Kulatz, Conrad S.</u> 401 Northlake Blvd. Street Address (P.O. Box Number is Not Acceptable) North Palm Beach, FL 33408 633 S.E. Third Avenue #4R Zip Code Ft. Lauderdale <u> 33301</u> 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 evinted name of registered age and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Change TITLE TITLE Delete PSD NAME NAME O'Brien, Michael J. STREET ADDRESS STREET ADDRESS 1625 W. Commercial Blvd. 1625 W. Commercial Blvd. CiTY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33309 Ft. Lauderdale, FL 33309 ☐ Change ☐ Addition X Delete TITLE TITLE NAME NAME Byers, John C. STREET ADDRESS STREET ADDRESS 401 Northlake Blvd. CITY-ST-ZIP CITY-ST-ZIP North Palm Beach, FL 33408 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP -Change ■ Addition TILLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the product of the production of the receiver of the production of the corporation or the receiver of 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

March 22, 2000 INTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered.