2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # **P94000047083** May 01, 2000 8:00 am Secretary of State AUTAIR CUSTOMS HOUSE BROKERS, INC. 05-01-2000 90054 046 ***150.00 Mailing Address Principal Place of Business 7301 NW 34 STREET 7301 NW 34 STREET MIAMI FL 33122 MIAMI FL 33122-1248 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0584457 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOWENSTEIN, ELIOT Street Address (P.O. Box Number is Not Acceptable) 2100 SALZEDO STREET SUITE 303 CORAL GABLES FL 33134 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. SIGNATURE DATE Signature, typed or printed name of registered agent 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME JACKSON, PETER NAME STREET ADDRESS STREET ADDRESS 7301 NW 34 STREET CITY-ST-ZIP CITY-ST-7/P **MIAMI FL 33122** Addition Delete TITLE TITLE WHITAKER PAUL STURET MCKINNON, L P NAME 7301 NW 34 STREET STREET ADDRESS STREET ADDRESS 7301 NW 34 STREET CITY-ST-ZIP MIAMI FL 33122 CITY-ST-ZIP MIAMI FL ☐ Addition Change ☐ Delete TITI F WHITAKER, PAUL STUART NAME NAME STREET ADDRESS STREET ADDRESS 7301 NW 34 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** ☐ Delete ☐ Change ☐ Addition 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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