

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91501 004 ***150.00

DOCUMENT # P95000032187

1. Entity Name

AEROLIGHT U.S.A., INC.

Principal Place of Business

**1355 NW 93RD COURT
 UNIT A-105
 MIAMI FL 33172**

Mailing Address

**PO BOX 771243
 MIAMI FL 33196**

2. Principal Place of Business

15020 S.W. 145 ST.

3. Mailing Address

15020 SW 145 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

Country

33196

Zip

Country

33196

4. FEI Number

65-0578867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASAUDOUMECQ, JAVIER
 1355 NW 93RD COURT
 UNIT A-105
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **CASAUDOUMECQ, JAVIER**
 Street Address (P.O. Box Number is Not Acceptable)
15020 SW 145 ST.
 City **MIAMI** FL **33196**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **CASAUDOUMECQ, JAVIER**
 STREET ADDRESS **1355 NW 93RD COURT UNIT A-105**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** ☐ Delete
 NAME **CASAUDOUMECQ, JOSE**
 STREET ADDRESS **1355 NW 93RD COURT UNIT A-105**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **CASAUDOUMECQ, JAVIER**
 STREET ADDRESS **15020 SW 145 ST.**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
 NAME **CASAUDOUMECQ, JOSE**
 STREET ADDRESS **15020 SW 145 ST.**
 CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 (305) 256-5650

CR2E034 (9/01)