2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000001813** Feb 22, 2000 8:00 am **Secretary of State VELERO CHARTERS, INC.** 02-22-2000 90010 013 ***150.00 Mailing Address Principal Place of Business 6970 SUNSET DRIVE 6970 SUNSET DRIVE MIAMI FL 33143-4336 MIAMI FL 33143 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0627582 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LA MURA, MARIA F Street Address (P.O. Box Number is Not Acceptable) 6970 SUNSET DRIVE MIAMI FL 33143 Zip Code FL 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 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. 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 OFFICERS AND DIRECTORS 11. 12. PSD ☐ Change ☐ Addition Delete TITLE TITLE NAME LA MURA, MARIA F NAME 6970 SUNSET DRIVE STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33143** Change □ Addition TITLE Delete TITLE 4 - 4 NAME NAME 年41年1 STREET ADDRÉSS STREET ADDRESS Contraction of CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change 🚉 🖸 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Lhereby 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

SNATURE: Maria F La MURA 2/16/00 305 663-4548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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