2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90474 021 ***150.00

DOCUMENT # P96000029272

1. Entity Name
BIRDS OF PARADISE CHARTERS, INC.

Principal Place of Business	Mailing Address
120 VENETIAN DRIVE ISLAMORADA FL 33036	120 VENETIAN DRIVE ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2323 SW 17TH AVE		2323 SW 17Th AVE	
Suite, Apt. #, etc. FORT LAUDERDALE		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE	
Zip 33315	Country BROWARD	Zip 33315	Country BROWARD

4. FEI Number 65-0669777 ☐ 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
CHANDLER, WILLIAM J 120 VENETIAN DRIVE ISLAMORADA FL 33036	Name Same Street Address (P.O. Box Number is Not Acceptable) 2323 SW 17AVE FORT LAUDERDALE City FL Zip Code 33315

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PVP CHANDLER, WILLIAM J 120 VENETIAN DRIVE ISLAMORADA FL 33036	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP CHANDLER, WILLIAM J. 2323 SW 17TH AVE FT LAUDERDALE FL 33315	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHANDLER, KATHERINE 120 VENETIAN DRIVE ISLAMORADA FL 33036	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHANDLER KATHERINE 2323 SW 17TH AVE FT LAUDERDALE FL 33315	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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] 3-14-01 954-401-7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #