## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2000 8:00 am DOCUMENT # **P96000087343** Secretary of State AEROSERVICIOS USA, INC. 01-27-2000 90087 046 \*\*\*150.00 Mailing Address Principal Place of Business 3731 NW 25TH ST 3731 NW 25TH ST MIAMI FL 33142-6730 MIAMI FL 33142 WE BALLY 3. Mailing Address 2. Principal Place of Business 4020 N.W. 2657 4020 N.W. 26 Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0711500 Urami diami Not Applicable \$8.75 Additional Country Dade 5. Certificate of Status Desired Dade Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mame SERRANO, GABRIEL Street Address (P.O. Box Number is Not Acceptable) 3731 NW 25TH ST MIAMI FL 33142 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above, named SIGNATURE (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling 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 OFFICERS AND DIRECTORS 12. 11. (66/6)Change Addition ☐ Delete TITLE TITLE SERRANO, GABRIEL NAME NAME 4020 NW 2657 CR2E034 3731 NW 25TH ST STREET ADDRESS STREET ADDRESS Miami, FC 33142 CITY-ST-7IP **MIAMI FL 33142 Change** Addition Delete TITLE TITLE SERRANO, GABRIEL JR NAME NAME 4020 NW. 2657 3731 NW 25TH ST STREET ADDRESS STREET ADDRESS Wiami, FC 33142 CITY-ST-ZIP MIAMI FL 33142 CITY-ST-70 Addition Luz Galvis de Serrano ☐ Change TITLE SERVETARY. ☐ Delete TITLE NAME NAME 4020 NW, 265t STREET ADDRESS. STREET ADDRESS Wami FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other changed, or on an attachment with an address empowered. SIGNATURE: \_ SIGNATURE AND TYPED OR OFFICER OF DIRECTOR Date Daytime Phone #