

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093320

1. Entity Name

MIAMI EXECUTIVE AVIATION, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90055 013 ***150.00

Principal Place of Business
15001 NORTHWEST 42 AVENUE
OPA-LOCKA FL 33054

Mailing Address
15001 NORTHWEST 42 AVENUE
OPA-LOCKA FL 33054

C0045687



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0706181

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

JACOBS, MITCHELL E PA
18001 NW 42ND AVE STE 121
OPA LOCKA FL 33059

Name JACOBS, MITCHELL E. P.A.

Street Address (P.O. Box Number is Not Acceptable)

15001 N.W. 42 AVENUE

City OPA-LOCKA

FL

Zip Code 33054

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!!! FEES \$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 PSTD
STREET ADDRESS VASQUEZ, FABIO A
CITY-ST-ZIP 15001 NORTHWEST 42 AVENUE
OPA-LOCKA FL 33054 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME C.F.O.
STREET ADDRESS HUGO L. GOMEZ
CITY-ST-ZIP 15001 N.W. 42ND AVE
OPA-LOCKA, FL. 33054 ☐ Change ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
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: *Fabio Alexander V.* FABIO ALEXANDER V.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

Date

(305) 689-8410

Daytime Phone #

0121624

CR2E034 (10/00)