

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096685

1. Entity Name

THREE AMIGOS FLYING SERVICES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90943 018 ***150.00

Principal Place of Business

2255 GLADES ROAD, STE. 236W
BOCA RATON FL 33431

Mailing Address

3030 SW 28 ST
MIAMI FL 33133-3506
US

2. Principal Place of Business

3030 SW 28th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL 33133

City & State

Zip

Country

33133

US

Zip

Country

4. FEI Number

65-0794792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SENDZISCHEW, SHERI ESQ
3030 SW 28TH ST
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name Gary Alexander, CPA

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

17901 NW 5 Street, Suite 201C

City Pembroke Pines,

FL

Zip Code 33029

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 Gary Alexander, CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/00

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, 2000 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	<input type="checkbox"/> Delete
NAME	KEISTER, MICHAEL	
STREET ADDRESS	P.O. BOX 52-1296 N/A	
CITY-ST-ZIP	MIAMI FL 33152-1296	
TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	SENDZISCHEW, SHERI	
STREET ADDRESS	3030 SW 28TH ST	
CITY-ST-ZIP	MIAMI FL 33-1133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Keister	
STREET ADDRESS	PO Box 52-1296	
CITY-ST-ZIP	MIAMI, FL 33152-1296	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL KEISTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

315 871-1111

Daytime Phone #

CR2E034 19/99