2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am DOCUMENT # P99000077664 Secretary of State 1. Entity Name GRAND PRIX AIR CHARTERS, INC. 02-08-2000 90153 048 ***150.00 Principal Place of Business Mailing Address 800 BRICKELL AVE., SUITÉ 550 800 BRICKELL AVE., SUITE 550 MIAMI FL 33131-2970 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business 9130 S: Dadeland Blvd 9130 S. Dadeland Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Penthouse 1 Penthouse_ City & State 4. FEI Number Applied For City & State Miami, FLప్రాస్త్ FL 33756 Miami, Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33156 USA 33156 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YANOWITCH, PETER Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVE., SUITE 550 MIAMI FL 33131 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 12. 11. Change TITLE ☐ Delete TITLE SANCHEZ, RALPH NAME STREET ADDRESS 9540 JOURNEY'S END RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 VICE PRESIDENT. ☐ Delete TITLE TITLE JORGE L DOMINICIS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST_ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TT - - - -☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. Dominicis 2/4/00 305/670-4343 SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 discretized of the corporation or the receiver strustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12