

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083024

1. Entity Name

U.S. Fivestar Airlines, Inc.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90327 026 ***150.00

Principal Place of Business Mailing Address

C0049775

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

3. Mailing Address

5201 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 100
City & State

Miami, Florida

Suite 100
City & State

Miami, Florida

4. FEI Number

65-1055651

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

Name
Alexander Reus, Esq.

Street Address (P.O. Box Number is Not Acceptable)
c/o Becker & Poliakoff, P.A.

5201 Blue Lagoon Drive, Suite 100

City

FL

33126

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.

Alexander Reus, Esq.

4/12/01

(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 ☐ Delete
NAME D
STREET ADDRESS Róth, Dieter
CITY-ST-ZIP 5240 S.W. 24th Place
Cape Coral, FL 33904

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

TITLE ☐ Delete
NAME Roth, Christine
STREET ADDRESS 5240 S.W. 24th Place
CITY-ST-ZIP Cape Coral, FL 33904

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

TITLE ☐ Delete
NAME Frantzen, Jose
STREET ADDRESS Neutralstr. 256, B-4600
CITY-ST-ZIP Lontzen, Belgium

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Dieter Roth

Dieter Roth

4/10/01

(305) 262-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)