

2000 UNIFORM BUSINESS REPORT (UBR)

0363118

DOCUMENT # P99000100844

1. Entity Name

AIRBRAVAM AVIATION & PARTS IMPORTS & EXP, INC

FILED

00 MAR -8 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4363 S.W. 10 PL. #108
DEERFIELD BEACH FL 33442

4363 S.W. 10 PL. #108
DEERFIELD BEACH FL 33442-8306

2. Principal Place of Business

2400 W. Cypress Crk RD

3. Mailing Address

2400 W. Cypress Crk RD

Suite, Apt. #, etc.

Ste 1139/103

Suite, Apt. #, etc.

Ste 1139/103

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0967304

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

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

BASTO, JOSE ERNANI

4363 S.W. 10 PL. #108

DEERFIELD BEACH FL 33442

Name

Luis Cavalcante de Siqueira Filho

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

2400 W. Cypress Crk RD Ste 1139/103

City

Fort Lauderdale

FL

Zip Code
33309

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 PRES. 03/07/2000

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!!! 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 checked="" type="checkbox"/> Delete
NAME	DE SIQUEIRA FILHO, LUIS CAVALCANT	
STREET ADDRESS	395 FELIX DE BRITO ST., AP. 602 BOA VIAGEM	
CITY-ST-ZIP	PERNAMBUCO-BRAZIL	
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	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Siqueira Filho, Luis Cavalcante	
STREET ADDRESS	4363 SW 10th Place #108	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Santos, Julio Cesar	
STREET ADDRESS	4363 SW 10th Place #108	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Basto, Jose Ernani	
STREET ADDRESS	4363 SW 10th Place #108	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
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		

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-03/14/00-01112-018
****158.75 ****158.75

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: PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/2000 (954) 612-3682

Date

Daytime Phone #

CR2E034 (9/99)