

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105703

1. Entity Name

CARIBBEAN AIR SERVICE, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90003 012 ***550.00

Principal Place of Business

14980 N.W. 44TH CT., STE. 146
OPA-LOCKA AIRPORT
OPA-LOCKA FL 33054

Mailing Address

P.O. BOX 660360
MIAMI FL 33266

2. Principal Place of Business

14980 NW 44th Court

3. Mailing Address

P.O. Box 660360

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 146 Opa Locka Airport

City & State

City & State

Miami FL

Miami FL

4. FEI Number

65-0857524

Applied For

Not Applicable

Zip

Country

Zip

Country

33054

USA

33266

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

MURPHY, DANA

14980 N.W. 44TH CT., STE. 146
OPA-LOCKA AIRPORT
OPA-LOCKA FL 33054

Name

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

City

FL

Zip Code

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!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: President
NAME: DANA Murphy
STREET ADDRESS: 14980 NW 44th Ct. Suite 146
CITY-ST-ZIP: Opa Locka Airport Miami FL

TITLE: Treasurer
NAME: Dana Murphy
STREET ADDRESS: Same
CITY-ST-ZIP: Same

TITLE: Secretary
NAME: Dana Murphy
STREET ADDRESS: Same
CITY-ST-ZIP: Same

TITLE:
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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:

SIGNATURE REQUIRED

9-1-2000 (305) 681-3007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)