

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # S79066

1. Entity Name

Biscayne Aero Med, Inc.

02 OCT 14 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13955 SW 127th Street

Suite, Apt. #, etc.

Bldg. 121

City & State

Miami, Florida

Zip

33186

Country

US

3. Mailing Address

P.O. Box 770247

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33177

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

650326229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Daryl R. Martin

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

13955 SW 127th Street

Bldg. 121

City

Miami

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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

Daryl R. Martin President

10/07/02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Martin, Daryl
15144 SW 153 RD Avenue
Miami, Florida 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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****150.00 ****150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daryl R. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/07/02 305 252 3823

10/14/02



Biscayne Helicopters, Inc.

13955 S.W. 127th Street, Bldg. 121, Tamiami Airport (TMB), Miami, Florida 33186. Ph: 305-252-3883. Fax: 305-252-8154

October 9, 2002

Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref: United Business Report for the years 2001 and 2002

Enclosed you will find checks for the years 2001 and 2002 for the following companies:

Biscayne Helicopter Service, Inc. Document # L94078
Biscayne Aero Med, Inc. Document # S79066
Biscayne Helicopters, Inc. Document # M38229

Please note the Mailing Address has been changed from P.O. Box 163639 to P.O. Box 770247 Miami, Florida 33177. This may be the reason we did not receive renewal forms.

If you have any questions regarding this matter please do not hesitate to call me at 305-252-3883.

Sincerely,


Daryl R. Martin
President