

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90098 005 ***150.00

DOCUMENT # S93735

1. Entity Name
OKIE CHARTERS, INC.

Principal Place of Business
1221 BRICKELL AVENUE.. SUITE 1590
MIAMI FL 33131
US

Mailing Address
1221 BRICKELL AVENUE.. SUITE 1590
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0294620**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PADRO, JOSE F
5255 N.W. 87TH AVE., SUITE 301
MIAMI FL 33178

Name
PADRO, JOSE F.
Street Address (P.O. Box Number is Not Acceptable)
8600 N.W. 53RD. TERR.
SUITE 201
City
MIAMI **FL** Zip Code
33166

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 \$150.00
After May 1, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
KWARTIN, STEVEN ☐ Delete
2601 SOUTH BAYSHORE DRIVE, SUITE 1600
MIAMI FL 33133

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KREUTZBERGER, PATRICIO ☐ Delete
1221 BRICKELL AVE., SUITE 1590
MIAMI FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR ☒ Change ☐ Addition
KREUTZBERGER, PATRICIO
1221 BRICKELL AVE. SUITE 1590
MIAMI, FL. 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/02 (305) 373-2022

CR2E034 (9/01)