

# UNIFORM BUSINESS REPORT (UBR)


DOCUMENT # V00927

1. Entity Name

BARCOLL INTERNATIONAL AVIATION, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90031 020 \*\*\*150.00

Principal Place of Business 100544 N.W. 26TH ST. SUITE 102 MIAMI FL 33172 US		Mailing Address 100544 N.W. 26TH ST. SUITE 102 MIAMI FL 33172 US		 DO NOT WRITE IN THIS SPACE
2. Principal Place of Business 10544 N.W. 26th St. Suite Apt. #, etc. SUITE 102 City & State MIAMI		3. Mailing Address 10544 N.W. 26th St. Suite, Apt. #, etc. Suite 102 City & State MIAMI		
Zip FI	Country 33172	Zip 33172	Country	
4. FEI Number 65-0300086		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NEWMAN, FRANK D 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131				7. Name and Address of New Registered Agent 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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 M. Added to F

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLOYD, MYRIAM 5577 NW 102 PLACE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRETO, CARLOS 4680 NW 102 AVE APT. 101 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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, changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

*Myriam Lloyd*

PRESIDENT

4/17/01 305-5979

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Day-Mo-Yr