_
≍
ጶ
×
8

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an atta

SIGNATURE:

FILED Mar $1\overline{2}$, $\overline{2001}$ 8:00 am **DOCUMENT # 164901 Secretary of State** 1. Entity Name AVIATION INTERNATIONAL CORPORATION 03-12-2001 90484 039 ***150.00 Principal Place of Business Mailing Address 5555 N. W. 36TH ST. 5555 N. W. 36TH ST. MIAM! SPRINGS FL 33166-2886 MIAMI SPRINGS FL 33166-2886 C0033111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0647673 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MYER. STEPHEN J Street Address (P.O. Box Number is Not Acceptable) 5555 NW 36TH ST MIAMI SPRINGS FL 33166 City 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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change Addition TITLE □ Delete TITLE NAME MYER, GREGORY L. NAME STREET ADDRESS STREET ADDRESS 5350 SW 115 AVE. CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33330 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MYER, STEPHEN J NAME STREET ADDRESS STREET ADDRESS 17325 SW 88TH CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 TITLE ☐ Delete TITLE ☐ Change Addition NAME LAIRD A. MYER __ NAME STREET ADDRESS STREET ADDRESS 830-13 A1A NORTH #127 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BCH FL 32082 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GERALDINE Q. MYER NAME STREET ADDRESS STREET ADORESS 1865 BRICKELL AVE. ANDROS 1009 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 TITLE ☐ Delete TITLE Change Addition ROBERT R. MYER III NAME NAME STREET ADDRESS STREET ADDRESS 124 HORSESHOE LANDING CITY-ST-ZIP CITY-ST-ZIP HAMPTON VA 23669 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

ppowered.

F SIGNING OFFICER OR DIRECTOR

SNATURE AND YPED OR PRINTED NAME