

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90372 027 ***150.00

DOCUMENT # 164901

1. Entity Name
AVIATION INTERNATIONAL CORPORATION



Principal Place of Business
**5555 N. W. 36TH ST.
MIAMI SPRINGS FL 33166-2886**

Mailing Address
**5555 N. W. 36TH ST.
MIAMI SPRINGS FL 33166-2886**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0647673**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MYER, STEPHEN J
5555 NW 36TH ST
MIAMI SPRINGS FL 33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | MYER, GREGORY L. | |
| STREET ADDRESS | 5350 SW 115 AVE. | |
| CITY-ST-ZIP | COOPER CITY FL 33330 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MYER, STEPHEN J | |
| STREET ADDRESS | 17325 SW 88TH CT | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAIRD A. MYER | |
| STREET ADDRESS | 830-13 A1A NORTH #127 | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL 32082 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GERALDINE Q. MYER | |
| STREET ADDRESS | 1865 BRICKELL AVE. ANDROS 1009 | |
| CITY-ST-ZIP | MIAMI FL 33129 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROBERT R. MYER III | |
| STREET ADDRESS | 124 HORSESHOE LANDING | |
| CITY-ST-ZIP | HAMPTON VA 23669 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 109 BRAMSTON DRIVE |
| CITY-ST-ZIP | HAMPTON VA 23666 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other titles empowered.

SIGNATURE:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-03 305-888-6488

CR2E034 (10/02)