2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State
03-25-2000 90009 043 ***150.00

DOCUMENT # F69025

1. Entity Name

RPA AIRLINE AUTOMATION SERVICES, INC.

Principal Place of Business	Mailing Address
2000 NW 89 PL MIAMI FL 33172-2618	2000 NW 89 PL MIAMI FL 33172-2618

DO NOT WRITE IN THIS SPACE

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 59-2166764 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	PD PEREZ, RENE 2000 NW 89 PL MIAMI FL 33172	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Coleman, Mark 2000 NW 89 PL Miami, FL 33172	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS PEREZ, MARTA 2000 NW 89 PL MIAMI FL 33172	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ajer, Randolph E. 5456 McConnell Avenue Los Angles, CA 90066	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KAHN, SEYMOUR 5456 MCCONNELL AVE LOS ANGELES CA 90066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CZYZYK, JOSEPH A 5456 MCCONNELL AVE LOS ANGELES CA 90066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANCOCK, MICHAEL 7205 MW 19TH ST, STE 505 MIAMI FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Lovett, Wayne J. 5456 McConnell Avenue Los Angeles, CA 90066	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NASSIF, WILLIAM 16261 WALRUS LN HUNTINGTON BCH LA 92649	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 2/21/00 (310)577-3269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #