## **2001 UNIFORM BUSINESS REPORT (UBR)**

indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to

an address, with an other like empowered.

ATED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

## Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # F69025** 1. Entity Name RPA AIRLINE AUTOMATION SERVICES, INC. 04-02-2001 90311 010 \*\*\*150.00 Principal Place of Business Mailing Address 2000 NW 89 PL 2000 NW 89 PL U 7 V U 7 1 MIAMI FL 33172-2618 MIAMI FL 33172-2618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2166764 Not Applicable Zip 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 -C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete ☐ Change TITLE TITLE COLEMAN, MARK NAME NAME 2000 NW 89 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33172** ☐ Change Delete TITLE ☐ Addition TITLE AJER, RANDOLPH E NAME NAME 5456 MCCONNELL AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90066 TITLE TITLE ~ ☐ Change ~ ☐ Addition KAHN, SEYMOUR NAME NAME 5456 MCCONNELL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90066 Delete TITLE ☐ Change ☐ Addition CZYZYK, JOSEPH A STREET ADDRESS 5456 MCCONNELL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90066 Delete ☐ Change TITLE TITLE Addition LOVETT, WAYNE J NAME NAME STREET ADDRESS 5456 MCCONNELL AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90066 TITLE Delete TITLE Change ☐ Addition NAME NASSIF, WILLIAM NAME STREET ADDRESS 16261 WALRUS LN STREET ADDRESS CITY-ST-ZIP **HUNTINGTON BCH LA 92649** 13. Thereby 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

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if