## 2000 UNIFORM BUSINESS REPORT (UBR)

AND -L99000008230 DOCUMENT # 1. Entity Name 00 APR 18 PM 12: 59 REGIONAL AIRLINES SUPPORT GROUP, L.L.C. SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4100 NORTH POWERLINE ROAD, SUITE P-3 4100 NORTH POWERLINE ROAD. SUITE P-3 POMPANO BEACH FL 33073 POMPANO BEACH FL 33073-3066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MWM Applied For City & State City & State 4. FEI Number -65-0961803 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FORMAN, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 2101 WEST COMMERCIAL BLVD., SUITE 4100 FORT LAUDERDALE FL 33309 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. Addition Change MGRM ☐ Defets TITLE TITLE TURK, JEFFREY NAME MAME 200003236492 STREET ADDRESS 4100 NORTH POWERLINE ROAD, SUITE P-3 STREET ADDRESS -05/03/00--01031--004 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33073 <u>\*\*\*\*\*\*50, 00</u> Addition ☐ Deteta TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-RT-71P CITY- ST- ZIP Addition . Detete. Change TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Continua Administra Change TITLE ■ Detete MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Change Addition | ☐ Delata TITLE TITLE NAME MAME STREEY ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE

11. Thereby certify that the information supplied with this fiting 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY- ST-ZIP

MAME

STREET ADDRESS

CITY- ST- 71P



MILINUTED