

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008230

1. Entity Name

REGIONAL AIRLINES SUPPORT GROUP, L.L.C.

FILED

01 APR 16 AM 10:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4100 NORTH POWERLINE ROAD, SUITE P-3
POMPANO BEACH FL 33073

Mailing Address

4100 NORTH POWERLINE ROAD, SUITE P-3
POMPANO BEACH FL 33073

2. Principal Place of Business

6601 LYONS ROAD

3. Mailing Address

6601 LYONS ROAD

Suite, Apt. #, etc.

Unit I-7

Suite, Apt. #, etc.

Unit I-7

City & State

COCONUT CREEK

City & State

COCONUT CREEK

Zip

33073

Country

USA

Zip

33073

Country

USA

4. FEI Number

65-0961803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE FL 33309

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.

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

500004078865--0
-04/25/01--01123--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM
TURK, JEFFREY
STREET ADDRESS 4100 NORTH POWERLINE ROAD, SUITE P-3
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 6601 LYONS ROAD, UNIT I-7
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/15/01

Daytime Phone #

954
753-4953

CR2E083 (11/00)