

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90090 013 ****61.25

DOCUMENT # NO1000008700

1. Entity Name

WINGS OVER MIAMI MUSEUM, INC.

Principal Place of Business

Mailing Address

**14710 SW 128TH ST
 MIAMI FL 33196**

**14710 SW 128TH ST
 MIAMI FL 33196**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0624232

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PLOUCHA, L M
 1946 TYLER ST
 HOLLYWOOD FL 33020-4517**

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RIGHETTI, THOMAS	
STREET ADDRESS	13724 SW 92ND CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTH, WALTER H JR	
STREET ADDRESS	321 LOS PINOS PLACE	
CITY-ST-ZIP	CORAL GABLES FL 33143-6426	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEEKS, KERMIT	
STREET ADDRESS	1400 BROADWAY BLVD, SE	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIRADO, VINCENT	
STREET ADDRESS	14710 SW 128TH ST	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L.M. Ploucha	
STREET ADDRESS	1946 Tyler Street	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. Jay Cristol	
STREET ADDRESS	51 S.W. 1st Avenue, Chambers 1412	
CITY-ST-ZIP	Miami, FL 33130	

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 617, 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 like empowered.

SIGNATURE:

SIGNATURE FORWARDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

954-925-5591

Daytime Phone #

CR2E037 (9/01)

Attachment
Document #

**Additional
Officers and Directors of
Wings Over Miami Museum, Inc.**

NO 1000008700/
750288

Willard Shepard
15000 S.W. 27th Street
Miramar, FL 33027
Director

Paul Stutzman
7532 S.W. 143rd Avenue
Miami, FL 33183
Director

Dale Snodgrass
3501B N. Ponce de Leon Boulevard
#397
St. Augustine, FL 32084
Director

John Nordt
427 Biltmore Way
Coral Gables, FL 33134
Director