

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

04-29-2000 90005 023 ****70.00

DOCUMENT # N11365

1. Entity Name

GREATER MIAMI AVIATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 59-0828
 MIAMI FL 33159

P.O. BOX 59-0828
 MIAMI FL 33159-0828

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

59-2694879

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEEB, CHARLES K
 3101 NW 63RD ST
 FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **Elias A. Padilla**

Street Address (P.O. Box Number is Not Acceptable)

7420 SW 130 ST
Pinecrest

City

FL

Zip Code

33156

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

Charles K Deeb, Treasurer

Elias A Padilla

4/19/00

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DARNELL, D. WAYNE	
STREET ADDRESS	15200 SW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLIER, WALTER E.	
STREET ADDRESS	12940 SW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEYER, ED	
STREET ADDRESS	100 SUNRISE DRIVE #5	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEEB, CHARLES K	
STREET ADDRESS	3161 N.W. 63RD STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309-1608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burt Compton	
STREET ADDRESS	10330 SW 102 Avenue	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elias A. Padilla	
STREET ADDRESS	7420 SW 130th Street	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed Calt	
STREET ADDRESS	971 Plover Avenue	
CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 OF PADILLA

4-19-00

305.235.2398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)