

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

04-11-2002 90058 013 ***150.00

DOCUMENT # P01000018016

1. Entity Name

BOLUFE AVIATION, INC.

Principal Place of Business

**509 S.W. 136 PL.
 MIAMI FL 33184**

Mailing Address

**509 S.W. 136 PL.
 MIAMI FL 33184**

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

65-1076096

Applied For

Not Applicable

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

**BOLUFE, ELMES
 509 S.W. 136 PL.
 MIAMI FL 33184**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **BOLUFE, ELMES**
 STREET ADDRESS **509 S.W. 136 PL.**
 CITY-ST-ZIP **MIAMI FL 33184**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE ELMESIR Bolufe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-02

Date

786-412-8880
 Daytime Phone #

CR2E034 (4/02)

Dr. # 01000018016

UNION PLANTERS BANK

PAGE 3

9660 124 182

BOLUFE AVIATION INC

7298

BOLUFE AVIATION INC
MEMBER UNION PLANTERS BANK

LIBERATION TAN
Five Hundred

ALUNION PLANTERS BANK

00010150 0010084110

04/03/02 1015

Attachment

38610

01000018016

UNION PLANTERS BANK

CHECKING DEPOSIT

04-01-02

BOLUFE AVIATION INC

9660 124 182

500.00

500.00

500.00

04/02/02 \$500.00

UNION PLANTERS BANK

CHECKING DEPOSIT

04-01-02

BOLUFE AVIATION INC

9660 124 182

3000.00

3000.00

3000.00

04/02/02 \$300.00

BOLUFE AVIATION INC
MEMBER UNION PLANTERS BANK

Dependent of State
one Hundred Fifty

ALUNION PLANTERS BANK

00010150 0010084110

04/24/02 1016 \$150.00