2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90068 030 ***150.00

DOCUMENT # P92000003458

1. Entity Name
KRISTAR AVIATION, INC.

Principal Place of Business	Mailing Address
7105 NW 50 ST MIAMI FL 33166 US	7105 NW 50 ST MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7575 N.W. 50 ST	7575 N.W. 50 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33166 Country: US	Zip: 33166 Country: US

4. FEI Number 65-0366109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JUAN GONZALEZ
4800 WEST 2ND AVENUE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name: JUAN GONZALEZ
Street Address (P.O. Box Number is Not Acceptable): 7575 N.W. 50 ST.
City: MIAMI FL Zip Code: 33166

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] JUAN J. GONZALEZ 04-24-01
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 $150.00
After MAY 1, 2001 Fee will be $550.00
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	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	LIZETTE GONZALES		NAME	LIZETTE GONZALEZ	
STREET ADDRESS	4800 W. 2ND AVENUE		STREET ADDRESS	7575 N:W: 50 ST.	
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE	VST	☐ Delete	TITLE	VST	☒ Change ☐ Addition
NAME	GONZALEZ, JUAN		NAME	GONZALEZ, JUAN	
STREET ADDRESS	4800 W 2ND AVE.		STREET ADDRESS	7575 N.W. 50 ST.	
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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] JUAN J. GONZALEZ 04-24-01 305-436-8701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #