

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90126 047 ***150.00

DOCUMENT # P97000042037

1. Entity Name
FLIGHTSTAR AIRCRAFT SERVICES INC.

Principal Place of Business Mailing Address
3750 N.W. 28TH STREET **3750 N.W. 28TH STREET**
MIAMI FL 33142 **MIAMI FL 33142-6200**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
14821 Yonge Dr. **PO Box 18035**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville FL **Jacksonville FL**

Zip Country Zip Country
32218 **Duval** **32229** **Duval**

4. FEI Number Applied For
65-0755718 Not Applicable

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

6. Name and Address of Current Registered Agent
RIVERA, RAMON
16702 NW 12 ST
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent
 Name
Thomas Sherman
 Street Address (P.O. Box Number is Not Acceptable)
218 Almeria Ave
 City State Zip Code
Coral Gables **FL** **33134**

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 **Thomas Sherman** *[Signature]* DATE **3/13/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, RAMON 16702 N.W. 12TH ST PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLARDO, CARLOS 3511 NW 16TH STREET MIAMI FL 33125	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P Rivera Ramon 16702 NW 12th St Pembroke Pines FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hernandez Gerardo 9241 SW 134 PL, Miami, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./Tre. Briz, Juan 1519 Sarria Ave Miami, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P Sherman Thomas 218 Almeria Ave Coral Gables FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* Date **3-08-00** Daytime Phone # **904-741-0300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)