

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90033 027 \*\*\*150.00

**DOCUMENT # P98000043192**

1. Entity Name

**AAI AVIATION SERVICES, INC.**

Principal Place of Business

Mailing Address

222 MADEIRA AVE., UNIT 41  
 CORAL GABLES FL 33134  
 US

P.O. BOX 660220  
 MIAMI SPRINGS FL 33266-0220  
 US

2. Principal Place of Business

7450 Old Cutler Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

4. FEI Number

65-0836278

Applied For

Not Applicable

Zip

33143

Country

U.S.A.

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

WU, QI  
 222 MADEIRA AVE., UNIT 41  
 CORAL GABLES FL 33134

Name

Wu, Qi

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

7450 Old Cutler Rd.

City

Coral Gables

FL

Zip Code

33143

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

*Qi Wu*

Qi Wu, President

March 27, 2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  Delete  
 NAME WU, QI  
 STREET ADDRESS P.O. BOX 660220  
 CITY-ST-ZIP MIAMI SPRINGS FL 33266-0220

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:

*Qi Wu*

Date

March 27, 2000

Daytime Phone #

(305) 666-6660