2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000000636** May 07, 2000 8:00 am Secretary of State GOLD STAR AVIATION & ACCESSORIES, INC. 05-07-2000 90018 015 ***150.00 Principal Place of Business Mailing Address 3597 NW 154TH TERR. 3597 NW 154TH TERR. MIAMI FL 33054-2466 MIAMI FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ... Applied For City & State City & State 4. FEI Number 65-088 7002 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent TOLBERT, FRED E SBOONumber is Not Acc 3597 NW 154TH TERR. **MIAMI FL 33054** Miamu 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 🛮 Delete PD TITLE TITLE 157th Terr NAME TOLBERT, FRED H NAME šω STREET ADDRESS STREET ADDRESS 505 E. 9TH LANE 33157 CITY-ST-ZIP 1ami CITY-ST-ZIP HIALEAH BCH FL 33010-4631 ☐ Change Addition TITLE ☐ Delete TITLE NAME TOLBERT, FRED E NAME STREET ADDRESS 12079 NW 44TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE S 35 45 NAME NAME STREET ADDRESS. 1977 1985 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP". 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