

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90292 002 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 153689				1. Entity Name FSJ Aviation Corp	
Principal Place of Business 92 Hendricks Isle #4 Fort Lauderdale FL 33301					
2. Principal Place of Business		3. Mailing Address		10071899	
Suits, Apt. #, etc.		Suits, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
				Name: RIFE INC	
				Street Address (P.O. Box Number is Not Acceptable)	
				9030 NW 88th Way E 1	
				City: Fort Lauderdale FL Zip Code: 33309	
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 <i>Jerry Stadtmiller</i>		<i>Jerry Stadtmiller</i>		DATE: 5-17-01	
Business, typewritten or printed name of registered agent and title if applicable		(NOTE: Agent signature required when retreating)		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. SCHRAMA		NAME		
STREET ADDRESS	92 Hendricks Isle #4		STREET ADDRESS		
CITY-ST-ZIP	Fort Lauderdale FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 partner or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>R. Schrama</i>		R. SCHRAMA		DATE: 5/17/01 9544679380	
Business and title or printed name of signing officer or director				Date	

CR2E037 (11/00)