2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED Feb 06, 2001 8:00 am DOCUMENT # P99000082636 **Secretary of State** 1. Entity Name H & S AVIATION, INC. 02-06-2001 90048 047 ***150.00 Principal Place of Business Mailing Address 2918 N.W. 108TH AVENUE 2918 N.W. 108TH AVENUE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0950803 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNGULO, JORGE Street Address (P.O. Box Number is Not Acceptable) 10435 N.W. 43RD TERRACE MIAMI FL 33178 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE Change ANGULO, FLAVIO NAME STREET ADDRESS 432 SAILBOAT CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326-D ☐ Addition ☐ Delete ANGULO, JORGE NAME STREET ADDRESS 10435 N.W. 43RD TERRACE STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP led with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 ee effipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ddress, with all other like empowered. I hereby certify that the information sur-indicated on this report or supplement. of the corporation or the receiver or changed, or on an attachment with