2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90124 008 ***150.00

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DOCUMENT # P99000069992

1. Entity Name
AVIATION SALES ASSOCIATES, INC.

Principal Place of Business	Mailing Address
209 N FT LAUDERDALE BEACH BLVD STE 9C FT LAUDERDALE FL 33304	209 N FT LAUDERDALE BEACH BLVD STE 9C FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17021 N Bay Rd # 206	17021 N. BAY Rd.
Suite, Apt. #, etc.: 206	Suite, Apt. #, etc.: 206
City & State: N. MIAMI BEACH	City & State: N. MIAMI BEACH
Zip: 33160 Country: U.S.	Zip: 33160 Country: U.S.

4. FEI Number 65-0980576 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENEZES, FABIO
209 N FT LAUDERDALE BEACH BLVD STE 9C
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

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

City **FL** 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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MENEZES, FABIO 209 N FT LAUDERDALE BEACH BLVD STE 9C FT LAUDERDALE FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☑ Change ☐ Addition MENEZES, FABIO 17021 N BAY Rd. #206. N. MIAMI BEACH - FL - 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☑ Delete RAJAB, ACRAM 209 N FT LAUDERDALE BEACH BLVD STE 9C FT LAUDERDALE FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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] - ACRAM RAJAB. 04 12-2001 305 9406416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

954 609 7006

CR2E034 (10/00)