

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90007 002 ***550.00

0059909 AV

DOCUMENT # P97000028413	
1. Entity Name ABLE'S FLYING, INC.	
Principal Place of Business 18390 SW 156TH STREET #16 MIAMI FL 33187	Mailing Address 18390 SW 156TH STREET #16 MIAMI FL 33187
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0740629		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERA, ABEL A 18390 SW 156TH STREET #16 MIAMI FL 33187		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERA, ABEL A 18390 SW 156TH ST, STE 16 MIAMI FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HERA, ABEL A 18390 SW 156TH ST, STE 16 MIAMI FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X SIGNATURE REQUIRED* **X 8.8.01** **X3052543427**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

JUAN A. SERNA, JR., CPA.
45 S.W. 19TH ROAD
MIAMI, FLORIDA 33129
(305) 858-2212

Attachment
~~#797000028413~~
774636

MAKE CHECK PAYABLE TO:

"DEPARTMENT OF STATE"

DATE DUE: ~~May 1, 2001~~ 9/12/01

AMOUNT DUE: ~~\$ 150.00~~ 550.-

FILING FEE
AFTER ~~5/1/2001~~ 9/12/01 ~~\$ 550.00~~ 750.-

Attachment
#P970000 28413
774636

Date: April 20, 2001

To: Whom It May Concern:

From: Juan Serna

Subject: 2001 UNIFORM BUSINESS REPORT.

~~The subject report must be filed by 05/01/2001. Filing fee is \$ 150.00.~~

After 05/01/2001, the filing fee increases to \$ 550.00

If you need our help, please contact us immediately,

Juan A. Serna, Jr., CPA
45 SW 19TH Road
Miami, Florida 33129
(305) 858-2212