

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-01-2002 91606 010 ****61.25

DOCUMENT # N11365

1. Entity Name

GREATER MIAMI AVIATION ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 59-0928
 MIAMI FL 33159

Mailing Address

P.O. BOX 59-0928
 MIAMI FL 33159

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2694879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALT EDWARD A
971 PLOVER AVENUE
MIAMI SPRINGS FL 33168

SAMUEL SAX
13530 SW 97 ST
MIAMI, FL 33186

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 *Samuel Sax* **SAMUEL SAX, Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$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 **PD** ☒ Delete
 NAME **DARNELL, D. WAYNE**
 STREET ADDRESS **15200 SW 72ND AVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Stanley Babnet**
 STREET ADDRESS **305 N. Royal Poinciana Blvd.**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **VD** ☒ Delete
 NAME **COMPTON, BURT**
 STREET ADDRESS **10390 SW 102 AVE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VD** ☐ Change ☒ Addition
 NAME **James T. Montie**
 STREET ADDRESS **283 SUNRISE DR. A 207**
 CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **TD** ☒ Delete
 NAME **CALT, ED**
 STREET ADDRESS **971 PLOVER AVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33168**

TITLE **TD** ☐ Change ☒ Addition
 NAME **SAMUEL SAX**
 STREET ADDRESS **13530 SW 97 ST**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 receiver or trustee empowered to execute this report as required by Chapter 617, 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:

Samuel Sax **SAMUEL SAX**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date

305 215-5599

Daytime Phone #

CR2E037 (9/01)