2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # 287095** 1. Entity Name NATIONAL AVIATION MANAGEMENT CORPORATION 04-22-2000 90120 030 ***150.00 Principal Place of Business Mailing Address P. O. BOX 22460 3495 SW 9TH AVE FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33335-2460 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1108834 Not Applicable Country 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 BOY, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 3495 S.W. 9TH AVENUE FORT LAUDERDALE FL 33315 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BOY, THOMAS E NAME NAME STREET ADDRESS 3495 S.W. 9TH AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33315 CITY-ST-7IP ☐ Addition □ Change Delete TITLE BOY, T RUSSELL NAME 3495 S.W. 9TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33315 CITY-ST-ZIP ☐ Delete Change Addition TITLE ROBBIN, WENDY B NAME NAME 3495 SW 9TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33315 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE ROBBIN, SAMUEL NAME NAME 3495 SW 9TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZtP ☐ Change ☐ Addition TITLE Oelete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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:

homas E. Box 4/17/00

CR2E034 (9/99