

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F00000004535**

Entity Name
AIRCRAFT FINANCIAL SERVICES, INC.



FILED

03 OCT 21 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**177 KANE CONCOURSE, PENTHOUSE
BAY HARBOR ISLANDS FL 33154**

Mailing Address
**1177 KANE CONCOURSE, PENTHOUSE
BAY HARBOR ISLANDS FL 33154**



Principal Place of Business
1885 NE 149th St.
Suite, Apt. #, etc.
Bay E
City & State
North Miami, FL
Zip
33181 Country
USA

3. Mailing Address
1885 NE 149th St
Suite, Apt. #, etc.
Bay E
City & State
North Miami, FL
Zip
33181 Country
USA

REINSTATEMENT
☒ CHECK HERE IF MAKING CHANGES
4. FEI Number **58-1723709** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST ADDRESS ST - ZIP	PSTD ESTEBAN, LUIS FERNANDO 8 N. 6TH STREET (BLDG. 10-20) RENTON WA 98055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300023961223 10/21/03--01017--029 **550.00
ST ADDRESS ST - ZIP	ASD DE CORRAL, ANTONIO 16572 S.W. 39TH STREET MIRAMAR FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS ST - ZIP	V HORVATH, SILVIA 20 ISLAND AVENUE, #608 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Silvia Horvath** 8/21/03 305-864-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #