

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90427 019 ***150.00

DOCUMENT # F00000005339

1. Entity Name

QUANTEM AVIATION SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9043 Tradeport Drive

3. Mailing Address

100 N. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 2608

City & State

Orlando, FL

City & State

Miami, FL

Zip

32827

Country

USA

Zip

33132

Country

USA

4. FEI Number 02-0480435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey A. Bernstein, Esq.

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

100 N. Biscayne Blvd.

Suite 2608

City

Miami

FL

Zip Code

33132

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSCD
CAEVINO, Salvatore
100 N. Biscayne Blvd., #2608
Miami, FL 33132

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SPERRY, Gil
100 N. Biscayne Blvd., #2608
Miami, FL 33132

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
HAMILTON, Charles
100 N. Biscayne Blvd., #2608
Miami, FL 33132

TITLE
NAME
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salvatore C. Caevino

4/1/02

Date

603-647-1717

Daytime Phone #

CR2E034B (12/01)