

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001298

1. Entity Name
VIP AVIATION, INC.



FILED

03 NOV 10 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1100 LEE WAGENER BLVD., STE. 325
FT. LAUDERDALE, FL 33315

Mailing Address
1100 LEE WAGENER BLVD., STE. 325
FT. LAUDERDALE, FL 33315

2. Principal Place of Business
8600 NW 53 Terrace
Suite, Apt. #, etc.

3. Mailing Address
8600 NW 53 Terrace
Suite, Apt. #, etc.

201
City & State
Miami, FL 33166

201
City & State
Miami, FL 33166

Zip Country
33166 USA

Zip Country
33166 USA



REINSTATEMENT

4. FEI Number

65-1079351

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSILLO, FRANK CPA
9600 N.W. 53 TERRACE, SUITE 201
MIAMI, FL 33166

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CV
NAME MUNOZ, LUIS E
STREET ADDRESS 1616 SANDPIPER CIRCLE
CITY-ST-ZIP WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000024573150
11/10/03--01100--011 **150.00

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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 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:

LUIS E. MUNOZ

11-29-03

904-3590435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

VIP AVIATION, INC.

1100 LEE WAGNER BLVD, STE 325

FT. LAUDERDALE, FL 33315

954-339-0435

November 5, 2003

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

As per our phone conversation, I have attached a check for \$150.00 for the year 2003 Uniform Business Report filing.

Additionally, please change my mailing address to 8600 NW 53rd Terrace, Suite 201, Miami, FL 33166.

As discussed, please waive any re-instatement penalties because, I never received the notices from your office to file for 2003.

Thank you for your assistance and cooperation. If there are any questions please contact my accountant, Frank Rosillo at 305-477-5671.

Sincerely,

Luis Muñoz
President