

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90196 011 ***150.00

DOCUMENT # F02000003267

1. Entity Name

GM AVIATION, INC.



DO NOT WRITE IN THIS SPACE

10062790

2. Principal Place of Business

701 Brickell Avenue

3. Mailing Address

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 1650

Suite, Apt. #, etc.

Suite 1650

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

32-0019366

Applied For

Not Applicable

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James M. Meyer, Esq.

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

701 Brickell Avenue

Suite 1650

City

Miami

FL

Zip Code

33131

**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. 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 signature required when reinstating)

DATE

4/7/2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

CPS
Meyer, James M.
701 Brickell Avenue, Suite 1650
Miami, Florida 33131

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address with all other like entities.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH, 2003

Date

Daytime Phone #

CR2E034B (12/02)