

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000532

1. Entity Name

AGES AIRCRAFT INTERNATIONAL LTD., INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90087 004 ***150.00

Principal Place of Business

645 PARK OF COMMERCE WAY
BOCA RATON FL 33487

Mailing Address

645 PARK OF COMMERCE WAY
BOCA RATON FL 33487-8204

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3031790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTNEY, KEVIN P
645 PARK OF COMMERCE WAY
BOCA RATON FL 33487

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.

SIGNATURE

[Signature] E.O.P.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	FESSLER, ROBERT G	
STREET ADDRESS	645 PARK OF COMMERCE WAY	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	S8ILESTRI, SALVATORE T	
STREET ADDRESS	790 RAIL ROAD AVE	
CITY-ST-ZIP	WEST BABYON NY 11704	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARTNEY, KEVIN P	
STREET ADDRESS	645 PARK OF COMMERCE WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAIMROS, CLAES	
STREET ADDRESS	645 PARK OF COMMERCE WAY	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUTTY, Peter	
STREET ADDRESS	645 PARK OF COMMERCE WAY	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter Zutty, EXECUTIVE VP 2/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)