

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90149 038 ***150.00

DOCUMENT # F92820

1. Entity Name
WEST-HEM AIRCRAFT SUPPLIES, INC.



Principal Place of Business
**1240 W 13TH ST
RIVIERA BEACH FL 33404**

Mailing Address
**1240 W 13TH ST
RIVIERA BEACH FL 33404**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2211981**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAZER, THELMA
9321 SW 102 STREET
MIAMI FL 33176**

Name **Mazer, Thelma**
Street Address (P.O. Box Number is Not Acceptable) **3000 LeBateau Drive**
City **Palm Beach Gardens FL** Zip Code **33410**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☐ Delete
NAME **MAZER, THELMA**
STREET ADDRESS **9321 SW 102 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **DV** ☒ Change ☐ Addition
NAME **Mazer, Thelma**
STREET ADDRESS **9321 SW 102 Street**
CITY-ST-ZIP **Miami, FL 33176**

TITLE **P** ☐ Delete
NAME **MAZER, RUSSELL**
STREET ADDRESS **854 NE 75 ST**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Thelma Mazer* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03

Date

Daytime Phone #

CR2E034 (10/02)