

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004866

1. Entity Name

AIRLINE EQUIPMENT SERVICES, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90104 037 \*\*\*150.00

Principal Place of Business

Mailing Address

3800 HAMPTON RD  
 OCEANSIDE NY 11572  
 US

3800 HAMPTON RD  
 OCEANSIDE NY 11572-4804  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2644761

Applied For

Not Applicable

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

VALDIVIESO, RIQUE  
 7330 NW 12TH ST., STE 108  
 MIAMI FL 33126

Name VALDIVIESO, RIQUE

Street Address (P.O. Box Number is Not Acceptable)  
 3445 NW 46th ST.

City MIAMI

FL

Zip Code 33142

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

Rique Valdivieso / AGENT

2/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD  
 NAME NICHOLAS, ALEX ☐ Delete  
 STREET ADDRESS 62 HEGEMANS LANE  
 CITY-ST-ZIP BROOKVILLE NY

TITLE PCD ☒ Change ☐ Addition  
 NAME NICHOLS, ALEX  
 STREET ADDRESS BOX 287  
 CITY-ST-ZIP GLEN HEAD, NY 11545

TITLE S ☐ Delete  
 NAME RAPOSO, ANA  
 STREET ADDRESS 91 TULIP AVE APT B-E1  
 CITY-ST-ZIP FLORAL PARK NY

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

516-678-4334

Daytime Phone #

CR2E034 (9/99)