

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001160

1. Entity Name

AVIATION QUALITY CONSORTIUM, INC.

FILED

Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90038 002 ***150.00

Principal Place of Business

14881 S.W. 164 TERRACE
MIAMI FL 33187

Mailing Address

14881 S.W. 164 TERRACE
MIAMI FL 33187-1425

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

65-0720942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORALES, DAVID
14881 S.W. 164 TERRACE
MIAMI FL 33187

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, 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	P	<input type="checkbox"/> Delete
NAME	RAZACK, BILL	
STREET ADDRESS	6945 S.W. 111 CT.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PRIMIANI, MAURIZIO	
STREET ADDRESS	9325 S.W. 212 TERRACE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CUBILLOS, PAUL	
STREET ADDRESS	6125 S.W. 147TH CT.	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORALES, DAVID	
STREET ADDRESS	14881 S.W. 164 TERRACE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRALO, SERGE	
STREET ADDRESS	7751 INDIGO ST.	
CITY-ST-ZIP	MIRAMAX FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAZACK, BILL F	
STREET ADDRESS	6945 S.W. 111 CT.	
CITY-ST-ZIP	MIAMI FL 33173	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/00

407-722-3812

CR2F034 (9/99)