2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OF

Feb 22, 2000 8:00 am DOCUMENT # H29248 1. Entity Name Secretary of State AIR & ENERGY SERVICES, INC. 02-22-2000 90013 033 ***150.00 Principal Place of Business Mailing Address 14900 S.W. 86TH AVENUE 14900 S.W. 86TH AVENUE MIAMI FL 33158-1925 MIAMI FL 33158 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AGUILAR, APOLINAR, JR. Street Address (P.O. Box Number is Not Acceptable) 14900 S.W. 86TH AVENUE **MIAMI FL 33158** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Celete TITI F TITLE AGUILAR, APOLINAR, JR. NAME NAME STREET ADDRESS STREET ADDRESS 14900 S W 86TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change ☐ Cielete TITLE TITLE ROSALINA. RAMOS AGUILAR NAME NAME STREET ADDRESS 14800 S.W. 86TH AVENUE-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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