2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K00745 Mar 04, 2000 8:00 am 1. Entity Name Secretary of State AVIATECH INTERNATIONAL, INC. 03-04-2000 90013 049 ***150.00 Mailing Address Principal Place of Business % GEORGE R. MORAITIS % GEORGE R. MORAITIS 915 MIDDLE RIVER DR. S-506 915 MIDDLE RIVER DR. S-506 FT LAUDERDALE FL 33304-3561 FT LAUDERDALE FL 33304-3500 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0127875 Not Applicable Zip Zio Country \$8.75 Additional 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 MORAITIS. GEORGE R Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DR SUITE 506 FT LAUDERDALE FL 33304 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Addition Change TITLE Delete TITLE RABADAN, RUBEN NAME NAME 6590 W. ROGER CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Change ☐ Delete TITLE TITLE RABADAN, RICARDO NAME NAME 6590 W. ROGER CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition TITLE ☐ Change ☐ Delete TITLE RABADAN, EDUARDO NAME NAME 6590 W. ROGER CIRCLE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition Delete TITLE NAME 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 TITLE NAME

13. I hereby certify that the information supplied with this filling 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 his 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP