

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10353

1. Entity Name

A.L. AIRCRAFT #4 CORP.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90382 042 ***150.00

Principal Place of Business

Mailing Address

950 S.E. 12TH ST.
HIALEAH FL 33010

950 S.E. 12TH ST.
HIALEAH FL 33010-5931

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

65-0084784

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

POLK, RHONDA S
950 SE 12TH STREET
HIALEAH FL 33010

Name

(acceptable)

City & State

FL

Zip Code
33010

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME TIRRI, ANTHONY C SR
STREET ADDRESS 950 S.E. 12TH ST.
CITY-ST-ZIP HIALEAH FL

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

TITLE DT ☒ Delete
NAME EBERT,
STREET ADDRESS 950 SE 12TH STREET
CITY-ST-ZIP HIALEAH FL

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

TITLE V ☐ Delete
NAME TIRRI, ANTHONY C JR
STREET ADDRESS 950 SE 12TH STREET
CITY-ST-ZIP HIALEAH FL

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

TITLE AS ☒ Delete
NAME POLK, RHONDA
STREET ADDRESS 950 SE 12TH ST.
CITY-ST-ZIP HIALEAH FL

TITLE AS ☒ Change ☐ Addition
NAME TIRRI, ANTHONY C JR
STREET ADDRESS 950 SE 12th STREET
CITY-ST-ZIP HIALEAH FL

TITLE DS ☐ Delete
NAME TIRRI, JEAN M
STREET ADDRESS 950 SE 12TH ST
CITY-ST-ZIP HIALEAH FL

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

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 #

305-889-6217

CR2E034 (9/99)