2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K20283** May 23, 2000 8:00 am 1. Entity Name AIRCRAFT DEVELOPMENT FLIGHT AIRWAYS CORP. Secretary of State 05-23-2000 90193 003 ***158.75 Principal Place of Business Mailing Address 14532 SOUTHWEST 129 STREET 8241 SOUTHWEST 32 TERRACE MIAMI FL 33155-3343 HANGER 227 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0064329 Not Applicable Country \$8.75 Additional 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 $\mathcal D$. FARKA S FARKAS, ALEX D Street Address (P.O. Box Number is Not Acceptable) 8241 SW 32ND TERRACE **MIAMI FL 33155** IA MI 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. (NOTE: Registered Agent signature required when reinstating) d title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Delete TITLE □ Change FARKAS ALEX D. FARKAS, ALIX DERLY NAME NAME 126 AVE STREET ADDRESS 10440 5W 8241 SW 32ND TERRACE STREET ADDRESS 33186 CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33155** MIAMI Change Addition ☐ Delete TITLE TITLE BONILLA NAME NAME 126 AVE 10440 SW STREET ADDRESS STREET ADDRESS MIAHI 33186 CITY-ST-ZIP CITY-ST-ZIP Addition ~ Change TITLE TITLE ☐ Delete FARKAS NAME 32 Ter 8241 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33155 Miami CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR