2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # K37729** Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** BISCAYNE AERONAUTICS, INC. 02-26-2000 90020 020 ***150.00 Principal Place of Business Mailing Address 1000 NW 54TH STREET 1000 NW 54TH STREET MIAMI FL 33127-1820 FL 33127 3. Mailing Address 2. Principal Place of Business 142 nd P1 14531 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0090825 Fί Not Applicable 1.ami Country \$8.75 Additional US 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Eric S. Johnson HARRISON, JOHN C., JR. Street Address (P.O. Box Number is Not Acceptable) 1000 N.W. 54TH ST. **MIAMI FL 33127** of for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statem Johnson I -FILE-NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Director Sec. SD SD X Delete TITLE TITLE HARRISON, JOHN C., JR. NAME Rampone, Ken NAME 3870 LEAFY WAY STREET ADDRESS 5760 SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL** ☐ Change Addition ☐ Delete TITLE TITLE JOHNSON, ERIC S II NAME NAME 14531 SW 142 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change ☐ Delete KENDALL, HAROLD E., JR. NAME NAME STREET ADDRESS 3560 W. GLENCOE ST. STREET ADDRESS CITY-ST-ZIP DITY-ST-7IP MIAMI FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE 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 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 the 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: