

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **k89465** ANNUAL REPORT  
1. Entity Name **2000**

**ACTION HELICOPTERS, INC.**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
03-06-2000 90055 035 \*\*\*150.00

Principal Place of Business  
**1901 BRICKELL AVENUE**  
**SUITE #1814**  
**MIAMI, FLORIDA 33129**  
**USA**

Mailing Address  
**C/O SOLEIDA SHELNUK**  
**1901 BRICKELL AVE. S-1814**  
**MIAMI, FL. 33129**  
**USA**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number  
**65-0121598**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SHELNUK, SOLEIDA**  
**1901 BRICKELL AVE.**  
**SUITE 1814**  
**MIAMI, FLORIDA, 33129**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_

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		
TITLE	<input type="checkbox"/> Delete	
NAME	<b>DS</b>	
STREET ADDRESS	<b>SHELNUK, SOLEIDA</b>	
CITY-ST-ZIP	<b>1901 BRICKELL AVE. STE 1814</b>	
	<b>MIAMI, FL. 33129</b>	
TITLE	<input type="checkbox"/> Delete	
NAME	<b>P</b>	
STREET ADDRESS	<b>SHELNUK, SOLEIDA</b>	
CITY-ST-ZIP	<b>1901 BRICKELL AV. STE. 1814</b>	
	<b>MIAMI, FL. 33129</b>	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Soleida ShelnuK* 2/28/2000 (305) 358-4723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)