

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90034 039 ***150.00

DOCUMENT #

K89465

1. Entity Name

ACTION HELICOPTER, INC.



DO NOT WRITE IN THIS SPACE

44016616

2. Principal Place of Business

1901 BRICKELL AVENUE

3. Mailing Address

%SOLEIDA SHELNU

Suite, Apt. #, etc.

1814

Suite, Apt. #, etc.

1901 BRICKELL AVE. 1814

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

Zip

33129

Country

Zip

3319

Country

4. FEI Number

65-0121598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SHELNU, SOLEIDA

Street Address (P.O. Box Number is Not Acceptable)

1901 BRICKELL AVE

STE 1814

City

MIAMI

FL

Zip Code

33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DS	SHELNU, SOLEIDA	1901 BRICKELL AVE STE 1814				
		MIAMI, FL 33129					
	P	SHELNU, PHILIP	1901 BRICKELL AVE. #1814				
		MIAMI, FL 33129					

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with an other like empowered.

SIGNATURE:

Soleida Shelnu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04

Date

305-358-4723

Daytime Phone #

CR2E034B (12/02)