

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90233 027 ***150.00

DOCUMENT # K95888

1. Entity Name

AVIATION TRAINING PROGRAMS INC.

Principal Place of Business

**OPA LOCKA AIRPORT
 BLDG. 39
 OPA LOCKA FL 33054**

Mailing Address

**OPA LOCKA AIRPORT
 BLDG. 39
 OPA LOCKA FL 33054**

2. Principal Place of Business

*OPA Locka Airport Bldg 47
 Suite, Apt. #, etc.
 15001 NW 42nd Ave*

3. Mailing Address

*OPA Locka Airport Bldg 47
 Suite, Apt. #, etc.
 15001 NW 42nd Ave*

*City & State
 Opa Locka Florida*

Zip 33054 Country USA

*City & State
 Opa Locka Florida*

Zip 33054 Country USA

4. FEI Number

65-0138914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDO, PAZ
 610 NW 109TH W # 3
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

*Name
 Hernandez Paz
 Street Address (P.O. Box Number is Not Acceptable)
 4838 NW 108th
 City
 Miami FL Zip Code 33178*

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAZ, HERNANDO 610 N.W. 109TH AVE. #3 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAZ, ANA 610 NW 109TH AVE #3 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)