

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-19-2002 90065 007 ****50.00

DOCUMENT # L00000013196

1. Entity Name

C & L AVIATION, LLC

Principal Place of Business

**3814 CURTIS PKWY.
VIRGINIA GARDENS FL 33166**

Mailing Address

**3814 CURTIS PKWY.
VIRGINIA GARDENS FL 33166**

2. Principal Place of Business

358 S.W. 33RD ST.

Suite, Apt. #, etc.

3. Mailing Address

1721 S.E. NINTH ST.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE FL

Zip

33315

Country

USA

Zip

33316

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAUMGARTEN, MAURICE J
100 S.E. 2ND ST., #4300
MIAMI FL 33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEM
LA FORGIA, ANTHONY
3814 CURTIS PKWY.
VIRGINIA GARDENS FL 33166**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEM
COLLINS, ED
757 SE 17TH ST.
FT. LAUDERDALE FL 33316**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/8/02

Date

Daytime Phone #

CF2E083 (9/01)