2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90301 001 ***250.00

DOCUMENT # L01000008250

1. Entity Name

MARTIN AVIATION SERVICES, LLC

Principal Place of Business

Mailing Address

1200 BRICKELL AVE. SUITE 900
C/O AGI REGISTERED AGENTS INC.
MIAMI FL 33131

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1200 Brickell Ave
Suite, Apt. #, etc.: Suite 900
City & State: Miami Florida
Zip: 33131
Country: U.S.A

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

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE. SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: AGT Registered Agents Inc.
Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Avenue
Suite 900
City: Miami FL Zip Code: 33131

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		10. ADDITIONS/CHANGES	
TITLE	MGR [ ] Delete	TITLE	[ ] Change [ ] Addition
NAME	Martinez, Joaquin R	NAME	
STREET ADDRESS	7200 NW 19 Street Suite 308	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33126	CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
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TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: PRES 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #