

2002 UNIFORM BUSINESS REPORT (UBR)

04-30-2002 90019 029 *****55:00
L01000013778

DOCUMENT # L01000013778

1. Entity Name

WORLD AIRCRAFT ADMINISTRATIVE SERVICES, LLC

FILED

2002 MAY 24 PM 4:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7500 NW 77TH TERRACE 7500 NW 77TH TERRACE
MEDLEY FL 33166 MEDLEY FL 33166

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1128914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUMORE, C. ANTHONY ESQ.
540 EAST MCNAB ROAD, SUITE C
POMPANO BEACH FL 33060

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

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME VENEREO, DANIEL
STREET ADDRESS 17841 NW 88TH AVE.
CITY-ST-ZIP HIALEAH FL 33018

TITLE MGRM ☐ Change ☒ Addition
NAME SYMBIOS, INC.
STREET ADDRESS 540 E. McNab Rd, Suite C
CITY-ST-ZIP Pompano Beach, FL 33060

TITLE MGRM ☒ Delete
NAME BAEZ, DAVID
STREET ADDRESS 13040 SW 51ST STREET
CITY-ST-ZIP MIRAMAR FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME VENEREO, ANDRES
STREET ADDRESS 267 EAST 11TH STREET
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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 REQUIRED

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

4/18/02

Date

Daytime Phone #

CR2E083 (9/01)