

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90127 047 \*\*\*\*\*55.00

**DOCUMENT # L01000013778**

1. Entity Name

**WORLD AIRCRAFT ADMINISTRATIVE SERVICES, LLC**



Principal Place of Business

**7500 NW 77TH TERRACE  
MEDLEY FL 33166**

Mailing Address

**7500 NW 77TH TERRACE  
MEDLEY FL 33166**

2. Principal Place of Business

**7485 W. 2nd COURT**

Suite, Apt. #, etc.

3. Mailing Address

**7485 W. 2nd COURT**

Suite, Apt. #, etc.

City & State

**HIALEAH, FLORIDA**

City & State

**HIALEAH, FLORIDA**

Zip

**33014**

Country

**USA**

Zip

**33014**

Country

**USA**

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**

**RUMORE, C. ANTHONY-ESQ.  
540 EAST MCNAB ROAD, SUITE C  
POMPAÑO BEACH FL 33060**

**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. 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VENEREO, DANIEL 17641 NW 88TH AVE. HIALEAH FL 33018</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BAEZ, DAVID 13040 SW 51ST STREET MIRAMAR FL 33027</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VENEREO, ANDRES 267 EAST 11TH STREET HIALEAH FL 33010</b>	<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

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MIGUEL VENEREO 14700 SUNSET LANE SOUTHWEST RANCHES, FL 33330</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Daniel Venero Managing Member**

**3/26/03**

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

Date

Daytime Phone #

CR2E083 (10/02)