

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90191 041 ****50.00

DOCUMENT # L01000014468

1. Entity Name

SIMCENTER/AVIA L.L.C.

Principal Place of Business

14980 NW 44TH COURT, SUITE 206
 OPALOCKA AIRPORT
 MIAMI FL 33054

Mailing Address

14980 NW 44TH COURT, SUITE 206
 OPALOCKA AIRPORT
 MIAMI FL 33054

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

65-1138647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GEORGE, HENRY
 13121 SW 70 AVENUE
 PINECREST FL 33156

7. Name and Address of New Registered Agent

Name CARY GREEN

Street Address (P.O. Box Number is Not Acceptable)

4435 MAGNOLIA RIDGE DRIVE

City WESTON

FL

Zip Code 33331

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 P ☐ Delete
 NAME HENRY GEORGE
 STREET ADDRESS 13121 SW 70 AVE
 CITY-ST-ZIP PINECREST, FL 33156

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

TITLE VP ☐ Delete
 NAME CARY GREEN
 STREET ADDRESS 4435 MAGNOLIA RIDGE DR
 CITY-ST-ZIP WESTON, FL 33331

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)(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 REQUIRED CARY GREEN

04/15/02

954-817-6201

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

Date

Daytime Phone #

CR2E083 (9/01)