

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000003203

FILED  
Mar 12, 2003  
Secretary of State

Entity Name: PHALANX AVIATION SERVICES LLC

**Current Principal Place of Business:**

4050 NW 29 ST.  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

4050 NW 29 ST.  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 72-1554346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JORGE H. RAMOS, P.A.  
2250 SW 3RD AVE., 5TH FLOOR  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: RAMOS, ENRIQUE A  
Address: 4050 NW 29 ST.  
City-St-Zip: MIAMI, FL 33142

Title: MGR ( ) Delete  
Name: VILLALON, RADAMES  
Address: 4050 NW 29 ST.  
City-St-Zip: MIAMI, FL 33142

Title: MGR ( ) Delete  
Name: GONZALEZ, HECTOR  
Address: 4050 NW 29 ST.  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RADAMES VILLALON

MGR

03/12/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date