

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0010923

DOCUMENT # L02000023913

1. Entity Name
AIMH, LLC



FILED
03 JUN -9 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O ANTHONY AVIATION
1401 NORTHEAST TENTH STREET
POMPANO BEACH FL 33060-6517

Mailing Address
C/O ANTHONY AVIATION
1401 NORTHEAST TENTH STREET
POMPANO BEACH FL 33060-6517



☐ CHECK HERE IF MAKING CHANGES

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

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

ANTHONY, RAY G
1351 SEMINOLE DRIVE
FT. LAUDERDALE FL 33304

Name

Robert F. Elgidely

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

1401-NE 10th St.

City

Pompano Beach

FL

Zip Code

33060

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

R. F. Elgidely

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/2003

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Anthony Ray G.
1357 Seminole Drive
Ft. Lauderdale, FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500017851173
05/02/03--01001--020
1357 Seminole Drive
Ft. Lauderdale, FL 33304 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)