

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006707

1. Entity Name

FLYING SERVICES, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

7370 NW 36 ST

3. Mailing Address

7370 NW 36 ST

Suite, Apt. #, etc.

210 A

Suite, Apt. #, etc.

210 A

City & State

MIAMI FL 33166

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

63-0954417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee, Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Andrew Cuevas
536 Biltmore Way
Coral Gables, FL
33134

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.

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

300004315373-8
-05/24/01--01098--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	President	<input type="checkbox"/> Delete
NAME	Jorge Valdemama	
STREET ADDRESS	6240 NW 173 ST Apt 1028	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Angela Valdemama	
STREET ADDRESS	6240 NW 173 ST Apt 1028	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (11/00)

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: *Angela Valdemama*

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

04/26/01 786 8458869

Date

Daytime Phone #