

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90081 012 ****50.00

DOCUMENT # L99000006707

1. Entity Name

FLYING SERVICES, L.L.C.

Principal Place of Business

**7370 NW 36 ST., STE 201A
 MIAMI FL 33166**

Mailing Address

**7370 NW 36 ST., STE 201A
 MIAMI FL 33166**

2. Principal Place of Business

7370 NW 36 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210A

City & State

MIAMI FL

City & State

Zip

33166

Country

US

Country

4. FEI Number

65-0954417

☒ 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, ESQ. (CUEVAS & RUBIN P.A.)
 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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **VALDERRAMA, JORGE**
 STREET ADDRESS **6290 NW 173 ST., AP 1028**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **V** ☐ Delete
 NAME **VALDERRAMA, ANGELA**
 STREET ADDRESS **6290 NW 173 ST., AP 1028**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition
 NAME **VALDERRAMA, JORGE**
 STREET ADDRESS **15205 Loch Isle Dr W**
 CITY-ST-ZIP **MIAMI, FL 33014**

TITLE **V** ☒ Change ☐ Addition
 NAME **VALDERRAMA, ANGELA**
 STREET ADDRESS **15205 Loch Isle Dr W**
 CITY-ST-ZIP **MIAMI, FL 33014**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Angela Valderrama

01-07-02

7868458869

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

Date

Daytime Phone #

CR2E083 (9/01)