

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M14576

1. Entity Name

AVBORNE HEAVY MAINTENANCE, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90184 028 ***150.00

Principal Place of Business

5300 NW 36 ST.
MIA HANGAR 8, BLDG 63
MIAMI FL 33122
US

Mailing Address

2665 S. BAYSHORE DR.
STE. 800
MIAMI FL 33133
US

2. Principal Place of Business

5300 NW 36 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building 850

City & State

MIAMI FL

4. FEI Number 59-2541437

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLEJAS, MARIA C
% TRIVEST, INC.
2665 S. BAYSHORE DR., 8TH FLOOR
MIAMI FL 33133

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ENRIQUE, ALVAREZ
STREET ADDRESS 5300 NW 36TH
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME DEREK A. McDOWELL
STREET ADDRESS 2665 S BAYSHORE DR #800
CITY-ST-ZIP MIAMI FL 33133 ☐ Change ☒ Addition

TITLE CD
NAME SARAF, YOEL
STREET ADDRESS 5300 NW 36 STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME EARL W. POWELL
STREET ADDRESS 2665 S BAYSHORE DR #800
CITY-ST-ZIP MIAMI FL 33133 ☐ Change ☒ Addition

TITLE VTD
NAME CHAMBERLAIN, THOMAS
STREET ADDRESS 5300 NW 36TH STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE COO
NAME GARCIA, MANUEL
STREET ADDRESS 5300 NW 36TH STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME TROY D. TEMPLETON
STREET ADDRESS 2665 S BAYSHORE DR #800
CITY-ST-ZIP MIAMI FL 33133 ☐ Change ☒ Addition

TITLE CEO
NAME TZUR, AVIV
STREET ADDRESS 5300 NW 36 ST
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE AS
NAME KUFFNER, MARILYN D
STREET ADDRESS 2665 S. BAYSHORE DR., 8TH FL
CITY-ST-ZIP MIAMI FL ☐ Delete

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARILYN D KUFFNER, Secretary

Date

Daytime Phone #

1-26-01 305-858-2200

CR2E034 (10/00)