FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M14576

1. Entity Name

AVBORNE HEAVY MAINTENANCE, INC.

FILED

03 NOV 19 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

300024855863
11/19/03--01041--012 **61.25

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2. Principal Place of Business	3. Mailing Address
5300 NW 36 ST., BLDG. 850	2665 S. BAYSHORE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 800
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166 Country USA	Zip 33133 Country USA

4. FEI Number 592541437 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JAMES MARTIN

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

5300 NW 36 STREET, BLDG. 850

City MIAMI FL Zip Code 33166

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 JIM MARTIN 11/06/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	WALSH, PRESTON	NAME	
STREET ADDRESS	ONE PNC PLAZA, 249 5th AVE, 8th Floor	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA 15222	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GRISIUS, MICHAEL J.	NAME	
STREET ADDRESS	1919 PENNSYLVANIA AVE. NW.	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20006	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	MALONE, JAMES R.	NAME	
STREET ADDRESS	5300 NW 36 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	DO NOT WRITE
TITLE	DV	TITLE	IN THIS SPACE
NAME	MCDOWELL, DEREK A.	NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DR., SUITE 800	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	MARTIN, JAMES	NAME	
STREET ADDRESS	5300 NW 36 STREET, BLDG 850	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	KUFFNER, MARILYN D.	NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DR, SUITE 800	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM MARTIN 11/06/03 786-265-4251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #