

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M94000000009

1. Entity Name  
MOUNTAIN AIRCRAFT SERVICES, LLC., LIMITED COMPAN

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 28 PM 12:47

Principal Place of Business  
7551 NW 52 ST.  
MIAMI FL 33166

Mailing Address  
7551 NW 52 ST.  
MIAMI FL 33166-5541



2. Principal Place of Business, 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 56-1847401

Applied For  
Not Applicable

Zip Country

Zip Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MEM  
STREET ADDRESS AIR TRANSPORTATION HOLDING COMPANY, INC.  
CITY-ST-ZIP 3524 AIRPORT ROAD, LITTLE MOUNTAIN AIRPORT  
MAIDEN NC 28650

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MEM  
STREET ADDRESS MOUNTAIN AIR CARGO, INC.  
CITY-ST-ZIP 3524 AIRPORT ROAD, LITTLE MOUNTAIN AIRPORT  
MAIDEN NC 28650

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

John Gioffre CFO 2/17/00 828.464.8741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FORM 1310 1-00