

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-27-2002 90025 015 ****61.25

DOCUMENT # N97000002687

1. Entity Name

**PROFESSIONAL AVIATION MAINTENANCE ASSOCIATION (G
 OLD COAST CHAPTER), INC.**

Principal Place of Business

Mailing Address

5001 N W 105 DR
 CORAL SPRINGS FL 33076
 US

5001 NW 105 DRIVE
 CORAL SPRINGS FL 33076
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0757398

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

CULFFO, PATRICIA
5001 N W 105 DR
CORAL SPRINGS FL 33076

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME LEOPOLD, ANGELA
 STREET ADDRESS 5001 N W 105 DR
 CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE Change Addition
 NAME **BART LALLA - PRESIDENT**
 STREET ADDRESS **5001 NW 105 DR.**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE Delete
 NAME **CUIFFO, PATRICIA - TREASURER**
 STREET ADDRESS **5001 N W 105TH DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE Change Addition
 NAME **FRAN VILLANO - RICE, SECRETARY**
 STREET ADDRESS **5001 NW 105 DR**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE Delete
 NAME BRODSKY, STEPHEN
 STREET ADDRESS 5001 N W 105 DR
 CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia CuiFFo* **PATRICIA CUIFFO**

1-11-02

954-348-6864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)