## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9700002687

1. Entity Name

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



**FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90102 017 \*\*\*\*61.25

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5001 N W 105 DR 5001		Mailing Address 5001 NW 105 DRIVE CORAL SPRINGS FL 33076 US	001 NW 105 DRIVE ORAL SPRINGS FL 33076			1881) 8811 4811 8811 8811 B	<b>4118</b> 14 <b>818 8</b> 11 <b>8</b> 1	18111 1981 1 <b>25</b> 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Number 65-	0757398	<u> </u>	Applied For Not Applicabl	e	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required				1
	6. Name and Address of Current R	egistered Agent	<u> </u>		7. Name and Addre	ss of New Registered	Agent		$\dashv$
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CULFFO.	, PATRICIA			troot A didag-	(DO Boy North as 1: At-	t Accentable)			ᆀ .
	V 105 DR		5	Street Address (P.O. Box Number is Not Acceptable)					
CORAL S	SPRINGS FL 33076	•			•				7
				City		Fl	Zip Co	ode	$\dashv$
<u>-</u>				•					╝
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered o	ffice or registe	ered agent, or both, in th	e State of Florida. I am	familiar with	n, and accept	
	<u>*</u>								1
SIGNATURE	Signature, typed or printed name of registered agent an	d title if an elimphia (A IOTE	F. Bankarand Ana		ed when reinstating)	DATE			
*,	Signature, typed or printed harne or registered agent an	d the il applicable. (NOTE	E: Hegistered Age	ent signature require	ed when reinstating)	DAIE			
3 £	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRE	ECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS	IN 10	$\dashv$
TITLE	T	☐ Delete	TITLE				☐ Change		7 8
NAME	CUIFFO, PATRICIA		NAME						CD0E027,440,000
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NAME	LALLA, BART		NAME						`
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TITLE NAME	VILLANO-RICE, FRAN	☐ Delete	TITLE			د مهاد مراسح	Change	Addition	
STREET ADDRESS	5001 N W 105 DR		STREET AD	IDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-2						
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STREET ADDRESS	·		STREET AD	ORESS					
CITY-ST-ZIP			CITY-ST-2	ZIP					
TITLE		☐ Delete	TITLE			•	☐ Change	☐ Addition	7
NAME			NAME						
STREET ADDRESS			STREET AD	DRESS					-

12. I hereby certify that the information supplied with this filling 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 ecceiver 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: 1

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

954-340-6864

☐ Change

Addition