

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91578 012 ***550.00

DOCUMENT # P00000017307

1. Entity Name
AVIATION TEAM, INC.

Principal Place of Business
1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI FL 33131

Mailing Address
1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
2321 NW 55 COURT
 Suite, Apt. #, etc.
HANGAR 18

3. Mailing Address
2321 NW 55 COURT
 Suite, Apt. #, etc.
HANGAR 18

City & State
FT. LAUDERDALE, FL
 Zip
33309 Country
USA

City & State
FT. LAUDERDALE, FL
 Zip
33309 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0991828 Applied For
 Not Applicable

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

LEVINE, ALAN W ESQ.
1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI FL 33131

Name
Esteban Fraga
 Street Address (P.O. Box Number is Not Acceptable)
2321 NW 55 CT
Hangar 18
 City **FT Lauderdale** **FL** Zip Code **33309**

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 DATE **04/28/01**

Signature (Name of current registered agent and fee 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAGA, ESTEBAN 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Esteban FRAGA** DATE **04/28/01**

Signature (Name of signing officer or director)

Date

Daytime Phone #

CR2E034 (10/00)