

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90196 030 ***150.00

DOCUMENT # P00000029206

1. Entity Name
FLYING BOAT PARTS, INC.



Principal Place of Business
10805 NORTH KENDALL DR
MIAMI FL 33176

Mailing Address
10805 NORTH KENDALL DR
MIAMI FL 33176



2. Principal Place of Business
1111 BRICKELL AVE.

3. Mailing Address
P.O. BOX 491230

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1113 FLOOR

City & State
MIAMI, FL

City & State
KEY BISCAYNE, FL

Zip
33131

Country
U.S.A.

Zip
33149

Country
U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1038318

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

HERRERA, JOSE

10805 NORTH KENDALL DR 1111 BRICKELL AVE, 1113 FLOOR
MIAMI FL 33176 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME HERRERA, JOSE
STREET ADDRESS 10805 NORTH KENDALL DR 1111 BRICKELL AVE, 1113 FLOOR
CITY-ST-ZIP MIAMI FL 33176 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME RUIZ, JOSE
STREET ADDRESS 10805 NORTH KENDALL DR 1111 BRICKELL AVE, 1113 FLOOR
CITY-ST-ZIP MIAMI FL 33176 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CONFALONE, JAMES
STREET ADDRESS 3420 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-03 305-274-5555

CR2E034 (10/02)