2001 UNIFORM BUSINESS REPORT (UBR)

Jun 29, 2001 8:00 am Secretary of State DOCUMENT # P00000036-0-19 1. Entity Name V-ONE AVIATION CORP. 06-29-2001 90005 024 ***550.00 141 EAST 56th STREET HIALEAH, FLORIDA 33013 Mailing Address Principal Place of Business 141 EAST 56 STREET 141 EAST 56 STREET HIALEAH, FL 33013 HIALEAH, FL 33013 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For 4. FEI Number City & State City & State 65-0998935 Not Applicable \$8.75 Additional Country Country ıρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent APARICIO, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 141 EAST 56th STREET HIALEAH, FLORIDA 33013 Zip Code City 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to FILE NOW 9. Election Campaign Financing \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS (SP) **对关和**中国企业的中心的。 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change TITLE ☐ Delete TITLE DΡ NAME NAME APARICIO, EDUARDO STREET ADDRESS STREET ADDRESS 141 EAST 56th STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FLORIDA ☐ Change Addition ☐ Delete TITI F TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City - ST - ZiP Addition Change Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change | TIT! F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OITY - ST - ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 leport 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 tractice 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.

6-25-01

FILED