## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 13, 2001 8:00 am DOCUMENT # P0000045029 Secretary of State 1. Entity Name ARRINDELL AVIATION SERVICES, INC. 02-13-2001 90596 026 \*\*\*158.75 Principal Place of Business Mailing Address 12908 SOUTHWEST 133RD STREET 12908 SOUTHWEST 133RD STREET MIAMI FL 33186 MIAMI FL 33186 3. Mailing Address 12-908 S.W-133 2. Principal Place of Business COURT 12908 S.W. 133 COURT Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For FLORIDA FLORIDA MIAMI 65-1005582 MIAMI Not Applicable Zip 33186 Country \$8.75 Additional 33186 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN JOM LIN SON SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip 303186 City MIAMI his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named emity submits SIGNATURE TOMILIPOSON (NOTE: Registered Agree Agreement required water) (which the property of the p ブンイバ 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition PTD TITLE TITLE ☐ Delete 12908 SW 133 COURT TOMLINSON, ERIC J NAME NAME STREET ADDRESS STREET ADDRESS 12908 SOUTHWEST 133RD STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** TITLE Addition ☐ Delete TITLE ARRINDELL, JOHANNES F NAME NAME 12908 SW 133 COURT STREET ADDRESS 12908 SOUTHWEST 133RD STREET STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

E OF SIGNING OFFICER OR DIRECTOR