FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91891 042 ***150.00

DOCUMENT # P00000047022

1. Entity Name

HORIZON AVIATION SERVICES, INC.

000110030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2999 NE 191 ST.	PO BOX 611357
Suite, Apt. #, etc.: PH 8	Suite, Apt. #, etc.:
City & State: AVENTURA, FL	City & State: N. MIAMI, FL
Zip: 33180 Country: USA	Zip: 33261 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 651010791 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MAYNARD J. HELLMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable):

2999 NE 191 STREET PH8

City: AVENTURA **FL** Zip Code: 33180

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: _____ MAYNARD J. HELLMAN 04-29-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAYNARD J. HELLMAN D P. O. BOX 611357 N. MIAMI, FL 33261	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANDREA L. HELLMAN S PO BOX 611357 N. MIAMI, FL 33261	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-30-03 305-466-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #