

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90373 014 ***150.00

DOCUMENT # P00000048048

1. Entity Name
LASE AVIATION SERVICES, CORP.

Principal Place of Business

**4279 FOXTAIL LANE
WESTON FL 33331**

Mailing Address

**4279 FOXTAIL LANE
WESTON FL 33331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1007369**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

B0127587



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CEDENO, EDGAR
4279 FOXTAIL LANE
WESTON FL 33331**

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, typed or printed name of registered agent and title 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CEDENO, EDGAR
4279 FOXTAIL LANE
WESTON FL 33331** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/03/02 954-3490881

CR2E034 (4/02)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 21, 2002

LASE AVIATION SERVICES, CORP.
4279 FOXTAIL LANE
WESTON, FL 33331

DF SUBJECT: LASE AVIATION SERVICES, CORP.
Ref. Number: P00000048048

We have received your document for LASE AVIATION SERVICES, CORP. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 502A00040173

Attachment B01A7587
FEI #
65-100-7369

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # FOOOO000048048

1. Entity Name
Lase Aviation Services, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4279 Foxtail Ln
Suite, Apt. #, etc.

3. Mailing Address
4279 Foxtail Ln
Suite, Apt. #, etc.

City & State
Weston, FL
Zip
33331
Country

City & State
Weston, FL
Zip
33331
Country

4. FEI Number
65-100-7369
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
Edgar Cedenro
Street Address (P.O. Box Number is Not Acceptable)
4279 Foxtail Ln
City
Weston FL Zip Code
33331

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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | <u>PD</u> <u>Edgar Cedenro</u> <u>4279 Foxtail Ln</u> <u>Weston, FL 33331</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 07/03/02 954-3490881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment
#1000048048
00107587

check sent last year

LASE AVIATION SERVICES, CORP. 05-00 748708 1135
4279 FOXTAIL LANE
WESTON, FL 33331

Date 4/16/01 63-27/631 FL 817

Pay to the Order of Department of State \$ 150.00
One hundred fifty with 00/100 Dollars

Bank of America.

ACH R/T 063100277

For 65 100 7369 Latife R. de la Cruz

⑆063100277⑆ 003669577285⑆ 1135 ⑆0000015000⑆

APR 27 01

VS DATE 04/27/01
P01 E C 062

BANK OF AMERICA, NA JAX
P06300000474 E5557 01 P01
04/27/01

2233
APR 25 2001
29360

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1009068796