

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

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90049 037 ***150.00

DOCUMENT # P 00000050315
1. Entity Name
AVIATION MASTERS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
130 NE 4TH AVE
Suite, Apt. #, etc.

3. Mailing Address
130 NE 4TH AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DEERFIELD BEACH FL

City & State
DEERFIELD BEACH FL

Zip
33441

Country

Zip
33441

Country

4. FEI Number
65-1015683

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
KYMALAINEN, EINO

Street Address (P.O. Box Number is Not Acceptable)
130 NE 4TH AVE

City
DEERFIELD BEACH FL

Zip Code
33441

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 [Signature] DATE 7/1/02

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

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 \$650.00
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	<u>DP</u>	TITLE	
NAME	<u>KYMALAINEN, EINO</u>	NAME	
STREET ADDRESS	<u>5205 BRISATA CIRCLE</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>BOYNTON BEACH FL 33431</u>	CITY-ST-ZIP	
TITLE	<u>DP</u>	TITLE	
NAME	<u>KYMALAINEN, PASI</u>	NAME	
STREET ADDRESS	<u>5205 BRISATA CIRCLE</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>BOYNTON BEACH FL 33437</u>	CITY-ST-ZIP	
TITLE	<u>S</u>	TITLE	
NAME	<u>TOIKKANEN, RAHVO</u>	NAME	
STREET ADDRESS	<u>600 VIA LUCANO CIRCLE #109</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>BOYNTON BEACH FL 33436</u>	CITY-ST-ZIP	
TITLE	<u>DT</u>	TITLE	
NAME	<u>GONZALEZ, EDGAR</u>	NAME	
STREET ADDRESS	<u>9205 NW 75 ST</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>SUNRISE FL 33351</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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] DATE 7/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

Aviation Masters, Inc.
130 NE 4th Avenue
Deerfield Beach
Florida
33441

August 14th, 2002

~~The Department of State~~
Division of Corporations
Tallahassee
Florida

Dear Sirs:

RE: AVIATION MASTERS INC P00000050815

The registered agent for the above corporation changed his address in January 2001. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee had been paid. We would appreciate it if you would accept the check for \$ 150.00 for 2002 and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,



E. KYMALAINEN (Pres)