## **2001 UNIFORM BUSINESS REPORT (UBR)** May 15, 2001 8:00 am Secretary of State **DOCUMENT # P00000051882** 1. Entity Name WARRIOR AVIATION CORP. 05-15-2001 90052 021 \*\*\*150.00 Principal Place of Business Mailing Address 7951 S.W. 40TH STREET #206 7951 S.W. 40TH STREET #206 MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address 4017 7951 S.W. 4014 ST. 7951 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUERRERO, MARTIN R Street Address (P.O. Box Number is Not Acceptable) 7951 S.W. 40TH STREET #206 **MIAMI FL 33155** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE Guerrero, Martin R NAME NAME 7951 S.W. 40TH STREET #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33155** Defete TITLE Change Addition TITLE GUERRERO, DEBORAH NAME NAME 7951 S.W. 40TH STREET #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33155** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby 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 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 eddress, with all other like empowered.

SIGNATURE:

CR2E034 (10/00)