

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073786

1. Entity Name

AIRCRAFT SYSTEMS SUPPORT, INC.

Principal Place of Business

12 CANAL ST
MIAMI SPRINGS FL 33166

Mailing Address

12 CANAL ST
MIAMI SPRINGS FL 33166

2. Principal Place of Business

5363 ORDUNA DRIVE

3. Mailing Address

5363 ORDUNA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLE FL

Zip

33146

Country

DADE

Zip

33146

Country

DADE

4. FEL Number

65-1032374

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTANE, MYRNA
12 CANAL ST
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name MONTANE MYRNA

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

5363 ORDUNA DRIVE

CORAL GABLES FL

Zip Code 33146

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

Myrna Montane MYRNA MONTANE PRES

1-30-01

Signature, type 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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

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

TITLE PS
NAME MONTANE, MYRNA
STREET ADDRESS 12 CANAL ST
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME ~~MONTANE, MYRNA~~ ☒ Change ☐ Addition
STREET ADDRESS MONTANE MYRNA
CITY-ST-ZIP 5363 ORDUNA DR C.G. FL 33146

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

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

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

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

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. MYRNA MONTANE

SIGNATURE:

Myrna Montane PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-01 305-667-5325

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90282 001 ***150.00

00010730



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)