2001 UNIFORM BUSINESS REPORT (UBR) Aug 15, 2001 8:00 am Secretary of State DOCUMENT # P0000074587 08-15-2001 90001 010 ***150.00 MGB AVIATION CONSULTANTS, INC. Principal Place of Business Mailing Address 11780 SW 81ST ROAD 11780 SW 81ST ROAD MIAMI FL 33156 MIAMI FL 33156 3. Mailing Address Principal Place of Business 524618 P.O. BOX ite. Apt. #. etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number MANNI Miami 65-10372 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired USA 33*15 2* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COX, GIULIANA Street Address (P.O. Box Number is Not Acceptable) 11780 SW 81ST ROAD **MIAMI FL 33156** City 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 SIGNATURE 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 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 R2E034 (10/00) TITLE ☐ Delete TITLE COX, GIULIANA NAME NAME STREET ADDRESS 11780 S.W. 81 ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition **GUTTERREZ, DANIEL** NAME NAME STREET ADDRESS 8315 S.W. 72ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33122** ☐ Addition TITLE Delete ☐ Change TITLE BACA, ANGEL NAME NAME STREET ADDRESS 8950 N.E. 8TH AVENUE #407 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33138** ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

SIGNATURE:

STREET ADDRESS

CITY-ST-7IF

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-06-01

786-265-9113

Addition

Daytime Phone



Attach ment

Miami August 6th 2001

#P000 000 74587

Florida Department of State Katherine Harris Secretary of State Division of Corporations P.O.Box 6327 Tallahassee, Florida 32314

Dear Secretary of State:

On Friday August 3rd. we have received on the mail the 2001 UNIFORM BUSINESS REPORT form. This is the reason why we did not file it on time as It is the law.

Enclosed please find the report and our check in the amount of \$ 150.00. It will be interesting to find out why it has been mailed so late but this is..... The true

We will appreciate your kind consideration and help.

Sincerely Yours,

Angel Baca

Director