2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P00000079112 1. Entity Name AVMEC AVIATION INC. 05-04-2001 90136 017 ***150.00 Principal Place of Business Mailing Address 1820 N.W. 175TH STREET 1820 N.W. 175TH STREET CU060584 MIAM! FL 33055 MIAMI FL 33055 2. Principal Place of Business 3. Mailing Address P.O. Box 540602 7746 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1039716 Not Applicable Miami MIAME FLORIDA FT OUIDA Zip Ziρ Country Country **\$8.75** Additional 5. Certificate of Status Desired **U**.. 3-31-6-6 3_3.0_54 Fee Required u.s. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUNCAN DONOVAN. H. DUNCAN, DONOVAN H Street Address (P.O. Box Number is Not Acceptable) 1820 N.W. 175TH STREET N. W. **MIAMI FL 33055** Zip Code 3 3 1 6 6 MIAMI 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. 4-30-01 DATE <u>(Inco</u> (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12. DONOVAH. H. DUNCAH. BChange TITLE ☐ Delete TITLE DUNCAN, DONOVAN H NAME NAME 7746 N.W. 64th Street STREET ADDRESS 1820 N.W. 175TH STREET STREET ADDRESS MIAMI 33166 CITY-ST-ZIP Florzida. CITY-ST-ZIP MIAMI FL 33055 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

A - 30 - 0/ (786) 423 - 8632 Date Dayline Phone #