FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 24 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088592

1. Entity Name

DOT AVIATION CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02

03-15-01 90179 034 $150.00
DO NOT WRITE IN THIS SPACE
08-31-01 90116 049 $350.00

2. Principal Place of Business	3. Mailing Address
5759 N.W. 97th Place	5759 N.W. 97th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. FEI Number: 65-1047240 ☐ 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: Gonzalez, Florentino

Street Address (P.O. Box Number is Not Acceptable): 5759 N.W. 97th Place

City: Miami FL Zip Code: 33178

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: Florentino Gonzalez DATE

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 $550.00
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	PSD
NAME	Gonzalez, Florentino
STREET ADDRESS	5759 N.W. 97th Place
CITY-ST-ZIP	Miami, Florida 33178
TITLE	VPTD
NAME	Gonzalez, Odalis
STREET ADDRESS	5759 N.W. 97th Place
CITY-ST-ZIP	Miami, Florida 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	300006209373--4
STREET ADDRESS	-07/05/02--01020--002
CITY-ST-ZIP	****150.00 ****150.00
TITLE	
NAME	300006209373--4
STREET ADDRESS	-07/05/02--01020--003
CITY-ST-ZIP	*****50.00 *****50.00
TITLE	
NAME	
STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	**IN THIS SPACE**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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: Florentino Gonzalez 4/30/02 305-790-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #