

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90022 042 \*\*\*150.00

DOCUMENT # P01000019279

1. Entity Name  
 UNITED AVIATION SALES, INC.

Principal Place of Business      Mailing Address  
 6965 MAPLE TERRACE      6965 MAPLE TERRACE  
 MIAMI LAKES FL 33014      MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 6065 N.W. 167 ST.      6065 N.W. 167 ST.  
 UNIT B-22      UNIT B-22

City & State      FL 33015      City & State      FL  
 MIAMI      MIAMI  
 Zip      33015      Zip      33015      Country      U.S.A.      Country      U.S.A.

4. FEI Number      65-1084827      Applied For  
 Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

JORDAN, SERGIO      Name NIURKA JORDAN  
 6965 MAPLE TERRACE      Street Address (P.O. Box Number is Not Acceptable) 6065 N.W. 167 ST. UNIT B-22  
 MIAMI LAKES FL 33014      City MIAMI, FL      FL      Zip Code 33015

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]*      NIURKA JORDAN      DATE 3-14-02

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, SERGIO 6065 N.W. 167 ST. UNIT B-22 MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-President, OWNER NIURKA JORDAN 6065 N.W. 167 ST. UNIT B-22 MIAMI, FL 33015
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]*      SERGIO JORDAN      3-14-02      305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)