2002 UNIFORM BUSINESS REPORT (UBR) Feb 25, 2002 8:00 am

DOCUMENT # P0100022908 1. Enlity Name EJM AVIATION, INC.						Secretary of State 01-15-2002 90013 014 ***150.00				
Principal Plac	ce of Business	Mailing Address								
26 S COMPA		26 S COMPASS DRIVE			Ì				.	
FORT LAUDE	RDALE FL 33308	FORT LAUDERDALE FL 33308				and the state of t				
						CANTONIO NO FRANCA	D 68 00 98 00 18	HA Ha na anna 1944 (1944	AND THE PARTY	
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt, #, etc.		Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE				
City & Star	te	City & Slate			4. F	4. FEI Number Applied For Not Applied For Not Applicable				
Zip	Country	Zip Country			5 . C	Certificate of Status Desired				
-	6. Name and Address of Current F	agistered Agent				7. Name and Address of New Registered Agent				
Name						ichnel CACLIANI				
	IN, MARK B	\			/	(P.O. Box Number is Not Acceptable)				1
ſ	HEITARY TRAIL SUITE 220 ION FL 99491	7//			10	S. COMPASS DR				
BUCH IN	PONT C CONTINUE TO			City			WE	C) Zia Cas	h - (2	$\frac{1}{2}$
					FI-LA+			FL 33	308	1
8. The above named entity submits this statement to 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 as	nd title if applicable. (NOTE	:: Registered	Agent signatur	e required when rei	nstating)	<u>.</u>	DATE		
9. This corpo	pration is eligible to satisfy its intangible	S \$150.0	0	40 Flories Come	ning Cianasi	AF A		1		
Tax filing i	requirement and elects to do so.	After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat				10. Election Camp Trust Fund Co			KO May Be I to Fees	
11.	on back) OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	12.	pariment		DITIONS/CHANGES	TO OFFICE	S AND DIDECTOR	CINI 11	4
TITLE	D ·	□ Delete	TITLE	$\overline{}$		dest, piret		☐ Change	Addition	18
NAME	GAGLIARDI, MICHAEL		NAME		Vicet	Drocker	_			9 4
STREET ADDRESS CITY-ST-ZIP	26 S COMPASS DRIVE FORT LAUDERDALE FL 33308			T ADDRESS ST-ZIP	Vice	163421				CR2E034 (9/01
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NAME	YESIL, ENGIN		NAME		Sec/11	exasor- / P	,-	_ ,		
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TITLE	FORT_LAUDERDALE FL 33308	Delete	TITLE	31-217	· · —		· , 	Change	☐ Addition	l
NAME	GOLDSTEIN, MARK B		NAME	1	nei	rk Goldsk				
STREET ADDRESS CITY-ST-ZIP	2700 N MILITARY TRAIL SUITE 22	0		TADDRESS	W.	ak Caldel	י-לעובא		-	
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. NAME			- NAME				<u> </u>			٠.
STREET ADDRESS CITY-ST-ZIP			STREE	ADDRESS					İ	
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NAME		L beide	NAME]				□ v=1		ĺ
STREET ADDRESS CITY-S1-ZIP		•	STREET CITY-S	ADDRESS						Ì
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NAME		LT Delete	NAME	1				□ outrige		
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP	partifus that the information assessment with	hia filina daan a - Aif M	the ever		d in Consider 4:	10.07/3Vi), Florido C	aturas I funt	ine agetific that the in	formation	
13. I hereby certify that the information supplied with this filling does not qualify 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 obtains a first first may 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 a feet a first made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to a feet a feet and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with a first my ownered.										
SIGNAT	HDE SMATT	62 87/11/2		/		2-7	7-2a	12		
SIGITAL		INTED NAME OF SIGNING OFFICER C	R DIRECTO	R		Date		Daytime Phone #		