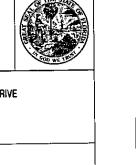
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000078415 **DOCUMENT #**

1. Entity Name

ROMEO MIKE AVIATION, INC.



FILED						
Jan 08, 2003 8:00 am						
Secretary of State						

01-08-2003 90019 030 ***150.00

Principal Place of Business 1208 W. NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH FL 33442		Mailing Address 1208 W. NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH FL 33442				
2. Principal Place of Business		3. Mailing Address		((88))111)((88(8))(3)(85(0) 54(0)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1140298	Applied For Not Applicable	
Zip	, Country	Zíp	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered	Agent	
SCHWARTZ, GREGORY E 4030-C SHERIDAN STREET HOLLYWOOD FL 33021			1	s (P.O. Box Number is Not Acceptable)		
			City	FL	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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fo						
10.	OFFICERS AN	ND DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICE HAR	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MINTZ, ROBERT 1208 W. NEWPORT CENTER I DEERFIELD BEACH FL 33442		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	n Section 119.07(3)(i), Florida Statutes. I further c	☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment vittee adverses with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR