FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 14 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000046522

1. Entity Name

BAIRES AVIATION SERVICES, CORP.

[redacted] PAGE

2. Principal Place of Business	3. Mailing Address
13180 N. CLEVELAND AVE.	13180 N. CLEVELAND AVE.
Suite, Apt. #, etc.: # 132	Suite, Apt. #, etc.: # 132
City & State: FORT MYERS, FL	City & State: FORT MYERS, FL
Zip: 33903 Country:	Zip: 33903 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1150773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

[redacted]

7. Name and Address of Current Registered Agent

Name: GUSTAVO F. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 13180 N. CLEVELAND AVE.

132

City: FORT MYERS FL Zip Code: 33903

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 of previous registered agent, if applicable. (NOTE: Registered Agent Signature required when necessary) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted] Fee: $150.00

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PT NAME: LUIS A. GLONDE STREET ADDRESS: 13180 N CLEVELAND AVE. SUITE # 132 CITY-ST-ZIP: FORT MYERS, FL 33903	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: GUSTAVO F. GONZALEZ STREET ADDRESS: 13180 N CLEVELAND AVE. SUITE # 132 CITY-ST-ZIP: FORT MYERS, FL 33903	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 900008947429 11/13/02--01015--008 **150.00
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: 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:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

ADDRESS CHANGE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR DIRECTOR Date

November 7, 2002

To Whom It May Concern:

We did not receive any of the Uniform Business Reports previously mailed to us. As per our conversation with your office, enclosed is a copy along with a check for $150.

Thank you for your cooperation in this matter.

Sincerely yours,