

**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.

2. Principal Place of Business

13180 N. CLEVELAND AVE.

3. Mailing Address

13180 N. CLEVELAND AVE.

Suite, Apt. #, etc.

132

Suite, Apt. #, etc.

132

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

65-1150773

Applied For

Not Applicable

Zip

33903

Country

Zip

33903

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 principal officer or director (if applicable)

(Agent's May/2012 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) ☐

10. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LUIS A. GONZALEZ
STREET ADDRESS	13180 N. CLEVELAND AVE SUITE # 132
CITY - ST - ZIP	FORT MYERS, FL 33903
TITLE	YS
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	
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CITY - ST - ZIP	

300008947429
11/13/02--D1015--008 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10

Daytime Phone #

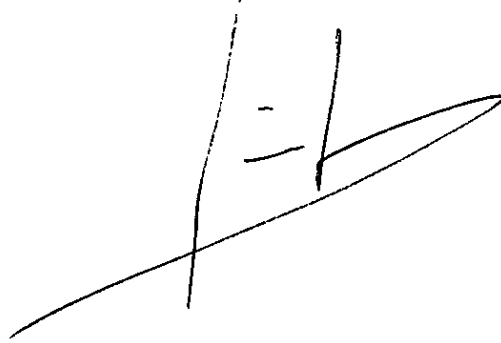
November 7, 2002

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,

A handwritten signature in black ink, consisting of a large, stylized 'H' with a horizontal bar across the middle, and a long, sweeping diagonal line extending from the bottom left towards the right.