2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

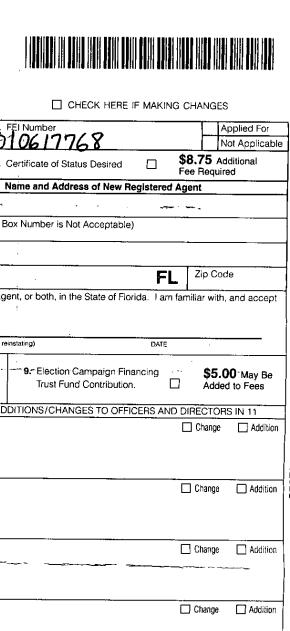
DOCUMENT #

P02000013350



. Entity Name G.P. AVIATION CORPORATION			
Principal Place of Business 500 NW 124 AVENUE	Mailing Address 2500 NW 124 AVENUE		
ORAL SPRINGS FL 33065	CORAL SPRINGS FL 33065		
Principal Blood of Business			





	o. maining Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			. CHECK HERE IF MAKING CHANGES						
City & State City & State					4. FEI Number Applied For				
						10617768	——	Not Applicable	
Zip	Country	Zip Cou		ntry	}	Certificate of Status Desired		8.75 Additional	
	6. Name and Address of Current	legistered Agent			7. P	Name and Address of New Registered	Agent		
GIMENEZ, JOSE			•	Name					
2500 NW 124 AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
	PRINGS FL 33065								
				0.4		·	1		
				City		FI			
the obliga	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a			ed Agent signature re		!	raman witi		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			E. T. Majora		9. Election Campaign Financing Trust Fund Contribution.	\$5. □ Adde	00 May Be ed to Fees	
10.	OFFICERS AND [RECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GIMENEZ, JOSE 2500 NW 124 AVENUE CORAL SPRINGS FL 33065	☐ Del	NAM STRI	1			☐ Change	☐ Addition	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	SVD CARLOS, FRANCISCO 4310 S.W. 13TH TERRACE MIAMI FL 33134	□ Del	NAM Stri		_		☐ Change	Addition	
TITLE		☐ Dele	ete TITL:	E			☐ Change	Addition	
NAME			NAM	1	سستهمسة				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
TITLE NAME Street Address City-St-Zip		☐ Dele	nam stre	E		10.	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dele	NAM. STRE				☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	ertify that the information supplied with the	□ Dele	NAMI STRE CITY-	E ET ADDRESS - ST-ZIP			☐ Change	☐ Addition	

curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director scule this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the appropried of the corporation or the receiver or trustee echanged, or on an attachment with an address

SIGNATURE:

DUIRED FICER OR DIRECTOR Date

Daytime Phone #