

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90114 036 ***550.00

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DOCUMENT # P02000076863

1. Entity Name
SOUTH BEECH AVIATION, INC.



Principal Place of Business
**14569 85TH RD N
LOXAHATCHEE FL 33470**

Mailing Address
**14569 85TH RD N
LOXAHATCHEE FL 33470**

see below

see below

2. Principal Place of Business

1020 N.W. 62nd St

3. Mailing Address

1020 N.W. 62nd St.

Suite, Apt. #, etc.

Hanger #2

Suite, Apt. #, etc.

Hanger #2

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3645117

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, VINCENT S
14569 85TH RD N
LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name **Lewis, Vincent S.**
Street Address (P.O. Box Number is Not Acceptable)
1020 N.W. 62nd St.
Hanger #2
City **Ft. Lauderdale** **FL** Zip Code **33309**

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

5/13/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete
NAME **Vincent S. Lewis**
STREET ADDRESS **14569 85th Rd. N**
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE **Treasurer** ☐ Delete
NAME **Kenneth F. Peacock**
STREET ADDRESS **10255 S.W. 58th St.**
CITY-ST-ZIP **Cooper City, FL 33328**

TITLE **Secretary** ☐ Delete
NAME **Edward Tillit Jr.**
STREET ADDRESS **3900 N. Hills Dr. #405**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/13/03, 954-202-0005

CR2E034 (10/02)