FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

of the corporation or the receiver or trustee empor changed, or on an attachment with an address vy

SIGNATURE:

## Apr 23, 2003 8:00 am Secretary of State DOCUMENT # P02000135177 04-23-2003 90286 047 \*\*\*150.00 1. Entity Name AIRCRAFT MANAGEMENT INTERNATIONAL, INC. Principal Place of Business Mailing Address P.O. BOX 226723 P.O. BOX 226723 MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent CABEZA, GUILLERMO J Street Address (P.O. Box Number is Not Acceptable) 6861 N.W. 113TH CT. **MIAMI FL 33178** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME CABEZA, GUILLERMO J STREET ADDRESS STREET ADDRESS 6861 N.W. 113TH CT. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME ZAPPIA, JOHN STREET ADDRESS STREET ADDRESS 1167 NW 165 AVE. CITY-ST-ZIP CITY-ST-ZIP embroke pines FL 33028 TITLE\_\_\_\_\_ Change \_\_\_ Addition TITLE . Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 the and acceptate and that my signature shall have the same legal effect as if made underpoath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is