

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37222

1. Entity Name

PAGE AVJET HOLDING CORPORATION

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90003 007 ***150.00

Principal Place of Business

Mailing Address

401 EDGEWATER PLACE
SUITE 670
WAKEFIELD MA 01880
US

401 EDGEWATER PLACE
SUITE 670
WAKEFIELD MA 01880-6214
US

CUUZZU44



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3096227

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
FRESE, ROBERT P
401 EDGEWATER PL, SUITE 607
WAKEFIELD MA

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
401 Edgewater Place, Suite 670

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MURRER, GREGORY J.
401 EDGEWATER PL STE 670
WAKEFIELD MA

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
P
QUARTA, ROBERTO
401 EDGEWATER PL STE 670
WAKEFIELD MA

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
V. MARCINIK
US TAX MGR

Date

Daytime Phone #

2/3/00 7812468900

CR2E034 (9/99)