

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006492

1. Entity Name

AIRCRAFT TECHNICIAN MAINTENANCE CORP.

Principal Place of Business

10208 N.W. 80TH AVE.
HIALEAH GARDENS FL 33016

Mailing Address

10208 N.W. 80TH AVE.
HIALEAH GARDENS FL 33016

2. Principal Place of Business

16155 S.W. 117 AVENUE

3. Mailing Address

16155 S.W. 117 AVE

Suite, Apt. #, etc.

Suite 13

Suite, Apt. #, etc.

Suite #13

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33177

Country

U.S.A.

Zip

33177

Country

U.S.A.

6. Name and Address of Current Registered Agent

RAMOS, EDGARDO
110 SW 108 AVE., #5
MIAMI FL 33174

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	RAMOS, EDGARDO	
STREET ADDRESS	110 SW 108 AVE., "H-5"	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAMOS, HERMAN	
STREET ADDRESS	15021 S.W. 145TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RAMOS, JULIO	
STREET ADDRESS	17721 S.W. 115TH AVE.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-01

Date

305-253-3644

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90393 049 ***163.75

040002



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0385383

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

CP2E034 (10/00)