

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91389 016 ***158.75

DOCUMENT # P93000006492

1. Entity Name
AIRCRAFT TECHNICIAN MAINTENANCE CORP.



Principal Place of Business
**16155 SW 117TH AVE
SUITE 13
MIAMI FL 33177**

Mailing Address
**16155 SW 117TH AVE
SUITE 13
MIAMI FL 33177**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0385383**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. 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
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	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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, EDGARDO	
STREET ADDRESS	110 S.W. 108 AVE., "H-5"	
CITY-ST-ZIP	MIAMI, FL. 33174	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, HERNAN	
STREET ADDRESS	15021 S.W. 145th COURT	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, JULIO	
STREET ADDRESS	14373 S.W. 161 STREET	
CITY-ST-ZIP	MIAMI, FL. 33177	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-03

Date

305-253-3644

Daytime Phone #

CR2E034 (10/02)