

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90146 028 ***150.00

DOCUMENT # P93000022651

1. Entity Name

L & M AIRCRAFT SERVICES, INC.

Principal Place of Business

**2500 NW 62 ST
HANGAR A
FT. LAUDERDALE FL 33309
US**

Mailing Address

**2500 NW 62 ST
HANGAR A
FT. LAUDERDALE FL 33309
US**

2. Principal Place of Business

5925 NW 24th Way

3. Mailing Address

5925 NW 24th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0397175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MADOR, GEORGE B
2500 NW 62ND STREET
HANGAR A
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

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

5925 NW 24th Way

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, 2002 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 **DV** ☒ Delete
NAME **LIPPMAN, DAVID M**
STREET ADDRESS **2500 NW 62ND STREET HANGAR A**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **DP** ☐ Delete
NAME **MADOR, GEORGE**
STREET ADDRESS **2500 NW 62ND STREET HANGAR A**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☐ Change ☒ Addition
NAME **Mador, Timandra**
STREET ADDRESS **5925 NW 24th Way**
CITY-ST-ZIP **Ft. Lauderdale FL 33309**

TITLE **DP** ☒ Change ☐ Addition
NAME **Mador, George**
STREET ADDRESS **5925 NW 24th Way**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

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

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

TITLE ☐ Change ☐ Addition
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)