

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **993000072338**

1. Entity Name

Avior Technologies Operations, Inc.

APPROVED
AND
FILED

00 MAY 12 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
500 TownPark Lane
Suite 145
Kennesaw, GA 30144

Mailing Address
500 TownPark Lane
Suite 145
Kennesaw, GA 30144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0159928

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

RODERICK O'SHEA

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

808 BRICKELL KEY DRIVE #601

City **MIAMI**

FL

Zip Code **33131**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Scott A. Beale
500 TownPark Lane Ste 145
Kennesaw, GA 30144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003256867-0
-05/18/00-01023-003
******150.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman
Roderick O'Shea
808 Brickell-Key-Dr. #601
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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

5/3/00

Date

(770) 422-7375

Daytime Phone #

CR2E034 (9/99)