2008

UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90021 008 ***150.00

DOCUMENT # P-93000086218

1. Entity Name
Alca Avionics, Inc.

DO NOT WRITE IN THIS SPACE

40035193

2. Principal Place of Business: 4281 N.W. 145 St.
Suite, Apt. #, etc.
City & State: Opa-Locka, FL 33054
Zip / Country

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0454584 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City / FL / Zip Code

DO NOT WRITE IN THIS SPACE

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 ______ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S Alen Sergio R 8878 N.W. 187 St., Miami, FL 33018	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Campo, Rodolfo 19651 N.W. 57 Pl. Miami, FL 33015	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 2/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone