2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000019591**

Country

7320 GRIFFIN ROAD, SUITE 220

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

BECKETT, F D

BILLIE, JAMES

HOLLYWOOD FL

3100 AIRMANS DRIVE

6300 STIRLING ROAD

FORT PIERCE FL 34946

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

1. Entity Name

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

11.

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

TITLE

DORSKY, ERIC

DAVIE FL 33314

(See criteria on back)

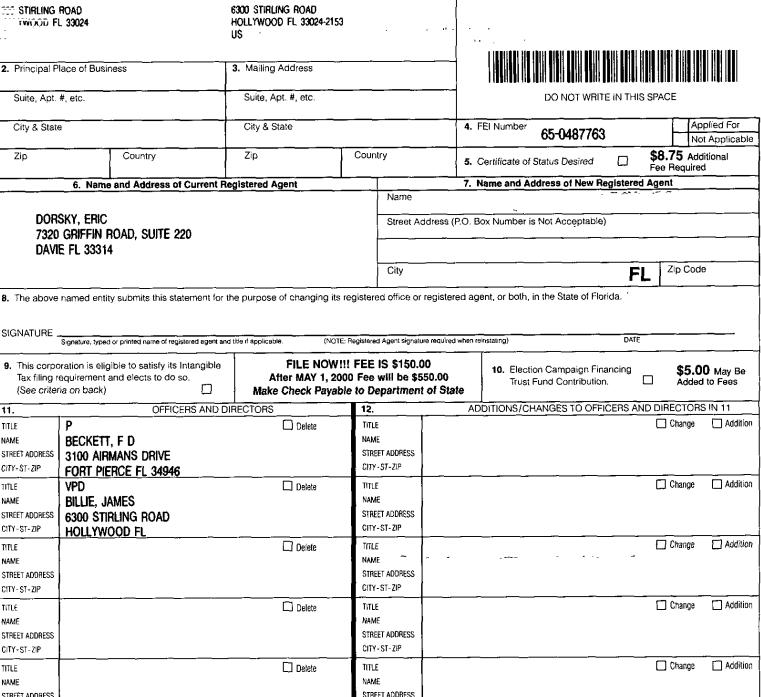
VPD

MICCO AIRCRAFT, INC.		
Principal Place of Business	Mailing Address	
STIRLING ROAD WWXOD FL 33024	6300 STIRLING ROAD HOLLYWOOD FL 33024-2153 US	, a
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>
City & State	City & State	

Zip

Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90031 041 ***150.00



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 repeiver 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 with an address, with all other like empower

CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

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NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

Name

City

SIGNATURE:

☐ Change

■ Addition