

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90057 033 ***150.00

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DOCUMENT # P94000021395

1. Entity Name
ALL AIRCRAFT SALES, INC.



Principal Place of Business
**6591 SKYLINE DRIVE
DELRAY BEACH FL 33446**

Mailing Address
**6591 SKYLINE DRIVE
DELRAY BEACH FL 33446**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0475389**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARONOWITZ, JACK L
6591 SKYLINE DRIVE
DELRAY BEACH FL 33446**

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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARONOWITZ, JACK
6591 SKYLINE DR.
DELRAY BEACH FL 33446** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LLOYD, JOSHUA
6591 SKYLINE DR.
DELRAY BEACH FL 33446** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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ARONOWITZ, JEANETTE
6591 SKYLINE DR
DELRAY BEACH FL 33446** ☒ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

8/3/03

(561) 498 3954

Daytime Phone *

CR2E034 (4/03)

Attachment #
80136418

**All Aircraft Sales Inc.
6591 Skyline Drive
Delray Beach, Fl. 33446
(561) 498 3954 Fax (561) 865 8670**

August 4, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Ref: All Aircraft Sales Inc. UBR Doc. # P94000021395

Gentlemen:

Enclosed please find the Uniform Business Report along with our check for \$150.00.

We would ask you to please abate the \$400.00 penalty, in as much as the original report was not received due to my wife hospitalization and subsequent death.

She normally handled this task and I apologize for the late filing, but I am sure you will agree that the circumstances were most extraordinary.

Thanking you in advance for your cooperation.

Sincerely,


Jack Aronowitz
Vice President

Encls: Check # 0752 & Annual Report