## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 12, 2001 8:00 am DOCUMENT # **P94000044870 Secretary of State** AMERICAN FLYING CLUB INC. 03-12-2001 90459 016 \*\*\*150.00 Principal Place of Business Mailing Address 520 NW 101ST AVE. 520 NW 101ST AVE. CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business Mailing Address 1811 1811 NW SIRECT Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0498639 FLORIDA FLORIDA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3309 42V AZU Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VIT2 CHAK BACHAR, YITZCHAK 520 NW 101ST AVE. **CORAL SPRINGS FL 33071** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intengible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change \_\_\_ Addition TITLE. BACHAR VITZCHAK 225 LAKEVIEW BACHAR, YITZCHAK STREET ADDRESS 520 NW 101ST AVE. STREET ADDRESS CORAL-SPRINGS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** TITLE ☐ Delete MIRON, ORNA NAME NAME MIRON, ORNA 225 LAKE VIEW STREET ADDRESS 520 NW 101ST AVE. STREET ADDRESS CORAL SPRINGS CITY-ST-ZIP **CORAL SPRINGS FL** CITY-ST-ZIP Addition TITLE: ☐ Delete \* TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

ORNA MIRON

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2/27/01 9

954-771-1050

Daytime Phone #