2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90059 026 ***150.00

031314 AV

DOCUMENT # P94000044870

1. Entity Name
AMERICAN FLYING CLUB INC.

Principal Place of Business	Mailing Address
1811 NW 51 STREET HANGAR #42A FORT LAUDERDALE FL 33309 US	1811 NW 51 STREET HANGAR #42A FORT LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1925 S. PERIMETER RD	1925 S. PERIMETER RD.
Suite, Apt. #, etc.: # 125	Suite, Apt. #, etc.: # 125
City & State: FORT LAUDERDALE	City & State: FORT LAUDERDALE
Zip: 33309 Country: BROWARD	Zip: 33309 Country: BROWARD

4. FEI Number 65-0498639 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BACHAR, YITZCHAK
225 LAKEVIEW DR
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name: BACHAR YITZCHAK
Street Address (P.O. Box Number is Not Acceptable): 5863 NW 119th DRIVE
City: CORAL SPRINGS FL Zip Code: 33076

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] ORNA MIRON Vice President 2/25/02
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, 2002 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	PS	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	BACHAR, YITZCHAK		NAME	
STREET ADDRESS	225 LAKEVIEW DR		STREET ADDRESS	5863 NW 119 DR.
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE	VT	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MIRON, ORNA		NAME	
STREET ADDRESS	225 LAKEVIEW DR		STREET ADDRESS	5863 NW 119 DR.
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL 33076
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/01)

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] ORNA MIRON 2/25/02 (954) 771 1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #