

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027015

1. Entity Name

P.K.S. AVIATION ENTERPRISES, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90983 050 \*\*\*150.00

Principal Place of Business

Mailing Address

3180 SOUTH OCEAN DRIVE  
SUITE 811  
HALLANDALE FL 33009

3180 SOUTH OCEAN DRIVE  
SUITE 811  
HALLANDALE FL 33009-7250

2. Principal Place of Business

11350 NW 25 Street

3. Mailing Address

11350 NW 25 Street

Suite, Apt. #, etc.

Suite 122

Suite, Apt. #, etc.

Suite 122

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0465977

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

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

SPITZ, PETER  
3180 S. OCEAN DRIVE  
811  
HALLANDALE FL 33009

Name

Francis X. Santana, Esq.,

Street Address (P.O. Box Number is Not Acceptable)

28 West Flagler Street, Suite 400

City

Miami

FL

Zip Code  
33130

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

(NOTE: Registered Agent signature required when reappointing)

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, 2000 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 P  
NAME SPITZ, PETER ☒ Delete  
STREET ADDRESS 3180 SOUTH OCEAN DRIVE, SUITE 811  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE President ☐ Change ☒ Addition  
NAME Makarov, Valerie  
STREET ADDRESS 11350 NW 25 Street, Suite 122  
CITY-ST-ZIP Miami, Florida 33172

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/00 (305) 392-3990

Date

Daytime Phone #

CR2E034 (9/99)