2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040356 1. Entity Name

BEAGLE AVIATION INC.

Principal Place of Business

Mailing Address

1240 N.W. 8TH STREET

1240 N.W. 8TH STREET

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90026 029 ***150.00

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BOCA RATON FL 33486			BOCA RATON FL 33486							- ,0 ,		
2. Principal Place of Business			3. Mailing Address						eli dalih ebili da	HÍL BLEIL BELLT AND		
12350 GNAPEN FACILIST			12350 GOLDEN ENGLE ST									
Suite, Apt.	#, etc.	_	Suite, Apt. #, etc.	LVCI	15. F	=		DO NOT	WRITE IN TH	IS SPACE		
City & Stat	e_	<u> </u>	Suite, Apt. #, etc. *FORT ST. LVCIE, FC City & State				4. FE	l Number		A	oplied For	7
344	87 <u> </u>		34987	34937				65-0588	352	No	ot Applicable]
Zip Country			Zip				5. Ce	ertificate of Status Desir	ed 🔲	\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent				7. Na	me and Address of N	ew Registere	d Agent		4
eg - 1 (see 1)		er i savarini e e e e	نور _{در} مصیف د	سدفينين -	Name	ه سردخ س		ن المسج المادوات			· -	4
	J, SOHRAB			Street Address			P.O. Box Number is Not Acceptable)					
4540 NW	L 8TH ST.		. '	· · · · · · · · · · · · · · · · · · ·				`	·			1
BOCA RA	TON FL 33	486		12350			1	PGN CAG	15 01	•		İ
•	è				City	<u> </u>	00	PEN CIG			e	1
			/ //		P	ORT	<u> [1</u>	. LUCIÉ	r		87]
8. The above	named entity	submits this statement fo	the purpose of changing i	ts register	ed office or	registered	agen	t, or both, in the State	of Florida.	• •	-	
			(A)						اند	1		
SIGNATURE .		111111	p. []					<u> </u>	4/12	102		
	Signature, typed	printed name of registered agent	and title if applicable. (NC	TE: Registere	d Agent signati	ure required whe	en reins	stating)	DAT	E		
9. This corpo	oration is eligi	ble to satisfy its Intangible	FILE NOW	FILE NOW!!! FEE IS \$150.00				48 Fination Commission	- Financian	^-		
Tax filing requirement and elects to do so.				After May 1, 2002 Fee will be \$				 Election Campaig Trust Fund Contri- 	-		May Be to Fees	
(See criter	ria on back)		Make Check Paya	able to D	epartmen	t of State		Trast Fund Contin	Jacion.	- Addet	110 Fees	}
11.		OFFICERS AND	DIRECTORS	12.			ADDI	ITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11	1 _
TITLE	D	Delet		TITLE						☐ Change	☐ Addition	(9/04)
NAME	KERMANJ, SOHRAB			NAM	E	1220	350 GOLDEN ENGLE ST.					9
STREET ADDRESS	1212-1111-011-0		•	. STRE								E034
CITY-ST-ZIP	-BOCA-RA	FON FL-93486		CITY	-ST-ZIP	Por		ST. LUCIE	FC.	<u>34987 </u>] <u>E</u>
TITLE	1410 1611 011 011		☐ Delete	TITLE						Change	Addition	S. S.
NAMÉ				NAM			2350 GOLDEN BALLE ST. DORT ST. LUCIE FL 34987					
STREET ADDRESS					ET ADDRESS	1235						
CITY-ST-ZIP				CHY	-ST-ZIP	pon	1	ST. CUCI	EFC			
TITLE			☐ Delete	TITLE			.			☐ Change	Addition	:
NAME	DECC.		: ಸ್ವಕ್ತನ ಪ್ರಾಕ್ ತಿ ಕಾರ್ಮನ್ ಸಿನ್ನಾಗ್		*NAME STREET ADDRESS							}
STREET ADDRESS CITY-ST-ZIP				ľ	-ST-ZIP							}
												1
TITLE NAME			☐ Delete	TITLE						☐ Change	☐ Addition	
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TITLE			☐ Delete	TITLE	:					☐ Change	Addition	1
NAME			☐ Delete	NAMI						C ondinge	radition	ĺ
STREET ADDRESS	ADDRESS		STRE		ET ADDRESS							}
CITY-ST-ZIP				CITY	ST-ZIP							
TITLE			☐ Delete	TITLE	-	-				Change	Addition	1
NAME				NAMI						92]
STREET ADDRESS				STRE								[.
CITY-ST-ZIP				CITY	ST-ZIP							
13. hereby c	ertify that the	information supplied with	this filing does not goalify	or the exer	nption stat	ed in Section	n 119	9.07(3)(i), Florida Statu	tes. I further o	ertify that the in	formation	1
indicated of the corp changed,	on this report poration or the or on an atta	or supplemental repert is e receiver or truetee empo chment with an address, y	this filing does not coulify to true and appurate and that wered to execute this repor with all other like and were	my signat requir	ure shall ha ed by Cha	ave the sam pter 607, Fl	ne leg lorida	al effect as if made un Statutes; and that my	der oath; that name appear	I am an officer s in Block 11 or	or director Block 12 if	

SIGNATURE: