5/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
05-14-2001 90210 020 ****61.25
06-20-2001 90016 038 ****88.75

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C0071913

DO NOT WRITE IN THIS SPACE

1. Entity Name
MJF AVIATION, INC.

Principal Place of Business	Mailing Address
1885 W COMMERCIAL BLVD STE 120 FT LAUDERDALE FL 33309	1885 W COMMERCIAL BLVD STE 120 FT LAUDERDALE FL 33309

2. Principal Place of Business	3. Mailing Address
1935 S PERIMETER RD	
Suite, Apt. #, etc. #120	Suite, Apt. #, etc. SAME
City & State Ft. Laud FL	City & State
Zip 33309 Country USA	Zip Country

4. FEI Number 65-0632618 ☐ 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
ROSS, PATRICIA F 1885 W COMMERCIAL BLVD STE 120 FT LAUDERDALE FL 33309	Name PATRICIA ROSS Street Address (P.O. Box Number is Not Acceptable) 1935 S. PERIMETER RD #120 City Ft Laud FL FL Zip Code 33309

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS FAY, MARY J 1620 S OCEAN BLVD 4-B POMPANO BCH FL	☒ Delete	DPS1 Gary ROSS 1935 S. PERIMETER RD Ft. Laud FL 33309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT ROSS, GARY J 2534 GOLF VIEW DR FT LAUDERDALE FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Mary J Fay, PRES 04 | 28 | 01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #