## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # P95000091144 Feb 07, 2000 8:00 am **Secretary of State** MUSTANG RANCH AIRCRAFT, INC. 02-07-2000 90018 033 \*\*\*150.00 Principal Place of Business Mailing Address 3953 NW 145 ST 3953 NW 145 ST **BLDG 180** BLDG 180 OPA LOCKA FL 33054-2338 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number -City & State----Applied For City & State 65-0627520 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARNET, LIONEL ESQ Street Address (P.O. Box Number is Not Acceptable) 9100 SOUTH DADELAND BLVD STE #404 **MIAMI FL 33156** Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. 11. ☐ Addition DPS ☐ Delete TITLE TITLE THOMPSON, ELFRIEDE 3953 NW.145 STR./BLDG.180 NAME NAME HOUK, ELFRIEDE STREET ADDRESS STREET ADDRESS 4254 NW 37TH AVE OPA LOCKA, FL.33054 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** Change ☐ Addition DVP ☐ Delete TITLE NAME TAYLOR, CARL NAME 3953 NW.145 STR./BLDG.180 OPA LOCKA, FL.33054 STREET ADDRESS STREET ADDRESS 4254 NW\_37TH\_AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Change ☐ Addition TITLE Delete NAME HOUK, EARL NAME STREET ADDRESS STREET ADDRESS 4254 NW 37TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

THOMPSON 01/31/20 305-681-3307
PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

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