## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 1. Entity Name

P96000000444



**FILED** May 02, 2003 8:00 am Secretary of State

05-02-2003 90422 021 \*\*\*150.00

HANGAR OPERATIONS COMPANY, INC.									
Principal Place of Business 450 E. LAS OLAS BLVD STE 1500 FORT LAUDERDALE FL 33301		Mailing Address 450 E. LAS OLAS BLVD STE 1500 FORT LAUDERDALE FL 33301							
2. Principal Place of Business		3. Mailing Address			il <b>u (ii</b> ll <b>a i</b> ille <b>hii</b> ll <b>aa</b>	ide <b>(11</b> 00) <b>00</b> 110 <b>01</b> 1	II <b>Ba</b> ili <b>B</b> iati	<b>8</b> 1811 <b>8</b> 181 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		[ _	CHECK HERE	IF MAKING (	CHANGES		
City & State		City & State		4. FEI Number	65-0639479			pplied For at Applicable	
Zip	Country	Zip	Count	try	5. Certificate of	Status Desired		<b>8.75</b> Addee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Ag	jent	
				Name					
AMEICAN	INFORMATION SERVICES, INC.	Street Addre		Street Address (I	P.O. Box Number i	is Not Acceptable	)		
ONE S.E.	THIRD AVENUE						<u></u>		
27TH FLO	OOR								
Miami Fl	33131			City	<del></del>		FL	Zip Cod	e
	named entity submits this statement for tions of registered agent.	r the purpose of changi	ng its registere	ed office or registere	ed agent, or both,	in the State of Flo	rida. I am fai	miliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	d Agent signature required	when reinstating)		DATE		
F	ILE NOW!!! FEE IS \$150.00				9 Flect	ion Campaign Fin	ancina	<b>ድ</b> ፍ ሰ	O May 25-
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Fund Contribution			May Be I to Fees
10.	OFFICERS AND	DIRECTORS	11.	<del>.</del>	ADDITIONS/CI	HANGES TO OFF	ICERS AND D	DIRECTOR	S  N 11
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12. 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 supplymental 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 10 or Block 11 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

VILL PRESIDENT 4-28-03