

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027678

1. Entity Name

AIRCRAFT MAINTENANCE TECHNICIANS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90125 027 ***150.00

Principal Place of Business

Mailing Address

6901 NW 43RD STREET
MIAMI FL 33166

6901 NW 43RD STREET
MIAMI FL 33166-6844

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0653803

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

SEGALL, ABRAHAM
8861 SW 23RD STREET
MIRAMAR FL 33025

Name Segall, Abraham
Street Address (P.O. Box Number is Not Acceptable)

5241 SW 132 Ave.

City Miramar

FL

Zip Code 33027

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 reinstating)

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 PD ☐ Delete
NAME SEGALL, ABRAHAM
STREET ADDRESS 8861 SW 23RD STREET
CITY-ST-ZIP MIRAMAR FL 33025

TITLE PD ☒ Change ☐ Addition
NAME SEGALL, ABRAHAM
STREET ADDRESS 5241 SW 132 AVE.
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE D ☒ Delete
NAME RIVERA, JUAN C
STREET ADDRESS 17412 SW 18TH STREET
CITY-ST-ZIP MIRAMAR FL 33029

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

TITLE D ☐ Delete
NAME GONZALEZ, YOGUI
STREET ADDRESS 14047 SW 47 LANE
CITY-ST-ZIP MIAMI FL 33175

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
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

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:

Abraham H. Segall - President 1/10/00 (305) 470-6231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)