

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096292

1. Entity Name

TOTAL AVIATION SUPPORT, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90074 038 ***150.00

Principal Place of Business

Mailing Address

3121 WEST HALLANDALE BEACH BOULEVARD
 SUITE 112
 PEMBROKE PARK FL 33009

3121 WEST HALLANDALE BEACH BOULEVARD
 SUITE 112
 PEMBROKE PARK FL 33009-5149

2. Principal Place of Business

3101 W. HALLANDALE BEACH BLVD.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 104

City & State

PEMBROKE PARK, FL

City & State

4. FEI Number

65-0709552

Applied For

Not Applicable

Zip

33009

Country

BROWARD

Zip

Country

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

WIESENFELD, NOAH
 3121 WEST HALLANDALE BEACH BLVD
 PEMBROKE PARK FL 33009

Name

DIANA Y. BAKER

Street Address (P.O. Box Number is Not Acceptable)

3101 W. HALLANDALE BEACH BLVD.

SUITE 104

City

PEMBROKE PARK

FL

Zip Code

33009

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]
 Signature, typed or printed name of registered agent and title if applicable.

DIANA Y. BAKER

(NOTE: Registered Agent signature required when reinstating)

04-17-00

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 WIESENFELD, NOAH
 STREET ADDRESS 3121 WEST HALLANDALE BEACH BOULEVARD
 CITY-ST-ZIP PEMBROKE PARK FL 33009

TITLE ☒ Change ☐ Addition
 NAME *[Blank]*
 STREET ADDRESS 3101 W. HALLANDALE BEACH BLVD #104
 CITY-ST-ZIP *[Blank]*

TITLE D ☒ Delete
 NAME ROUACH, OLIVER-MICHAEL
 STREET ADDRESS 3121 WEST HALLANDALE BEACH BOULEVARD
 CITY-ST-ZIP PEMBROKE PARK FL 33009

TITLE ☐ Change ☐ Addition
 NAME *[Blank]*
 STREET ADDRESS *[Blank]*
 CITY-ST-ZIP *[Blank]*

TITLE D ☒ Delete
 NAME ROUACH, FRANCOIS-AIRE
 STREET ADDRESS 3121 WEST HALLANDALE BEACH BOULEVARD
 CITY-ST-ZIP PEMBROKE PARK FL 33009

TITLE ☐ Change ☐ Addition
 NAME *[Blank]*
 STREET ADDRESS *[Blank]*
 CITY-ST-ZIP *[Blank]*

TITLE ☐ Delete
 NAME *[Blank]*
 STREET ADDRESS *[Blank]*
 CITY-ST-ZIP *[Blank]*

TITLE ☐ Change ☐ Addition
 NAME *[Blank]*
 STREET ADDRESS *[Blank]*
 CITY-ST-ZIP *[Blank]*

TITLE ☐ Delete
 NAME *[Blank]*
 STREET ADDRESS *[Blank]*
 CITY-ST-ZIP *[Blank]*

TITLE ☐ Change ☐ Addition
 NAME *[Blank]*
 STREET ADDRESS *[Blank]*
 CITY-ST-ZIP *[Blank]*

TITLE ☐ Delete
 NAME *[Blank]*
 STREET ADDRESS *[Blank]*
 CITY-ST-ZIP *[Blank]*

TITLE ☐ Change ☐ Addition
 NAME *[Blank]*
 STREET ADDRESS *[Blank]*
 CITY-ST-ZIP *[Blank]*

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: *Noah Wiesenfeld*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOAH WIESENFELD

4-17-00

(954) 989-3774

Date

Daytime Phone #

CR2E034 (9/99)