

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001844

1. Entity Name
TANDEM AVIATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90050 032 ***150.00

Principal Place of Business Mailing Address
1710 W 40TH STREET 6497 WEST 9 AVENUE
SUITE 7 HIALEAH FL 33012-6427
HIALEAH FL 33012
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1710 W 40th ST
Suite 7
Hialeah, FL
33012 *USA*

4. FEI Number Applied For
65-0734349 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

CHARAFARDIN, RAYNIER
1710 W 40TH ST
SUITE 7
HIALEAH FL 33012

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ 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, 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	PSTD	<input type="checkbox"/> Delete
NAME	CHARAFARDIN, RAYNIER	
STREET ADDRESS	1710 W 40TH ST, SUITE 7	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SOHAIL, ASIF	
STREET ADDRESS	10491 NW 3RD ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Raynier Charafardin* (PRESIDENT) 4-3-00 305-558-5789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)