

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014419

1. Entity Name
MAS AVIONICS SERVICES, INC.

Principal Place of Business

4991 SW 94 AVE
COOPER CITY FL 33328

Mailing Address

4991 SW 94 AVE
COOPER CITY FL 33328

2. Principal Place of Business

11700 NW 19th

Suite, Apt. #, etc.
PLANTATION FL

City & State

Zip
33323

Country
FLORIDA

3. Mailing Address

11700 NW 19TH ST.
PLANTATION, FL 33323

Zip

Country

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90030 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0726993

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAGA, ANDRES A
4991 SW 94 AVE
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

Name (SAME) ANDRES FRAGA

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

11700 NW 19TH ST.
PLANTATION, FL 33323

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 *Andres Fraga*

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, 2002 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

TITLE NAME P FRAGA, ANDRES
STREET ADDRESS 4991 SW 94TH AVE.
CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME FRAGA, ANDRES ☒ Change ☐ Addition
STREET ADDRESS 11700 NW 19TH ST.
CITY-ST-ZIP PLANTATION, FL 33323

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: *Andres Fraga*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/2002 954 236 0801

CR2E034 (9/01)