

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90126 047 ***150.00

DOCUMENT # P97000042037

1. Entity Name

FLIGHTSTAR AIRCRAFT SERVICES INC.

Principal Place of Business

3750 N.W. 28TH STREET
MIAMI FL 33142

Mailing Address

3750 N.W. 28TH STREET
MIAMI FL 33142-6200

2. Principal Place of Business

14821 Yonge Dr.

3. Mailing Address

PO Box 18035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

65-0755718

Applied For

Not Applicable

Zip

32218

Country

Duval

Zip

32229

Country

Duval

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

RIVERA, RAMON

16702 NW 12 ST

PEMBROKE PINES FL 33028

Name

Thomas Sherman

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

218 Almeria Ave

City

Coral Gables

FL

Zip Code
33134

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 Thomas Sherman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/00

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
NAME RIVERA, RAMON
STREET ADDRESS 16702 N.W. 12TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE V/P
NAME Rivera Ramon
STREET ADDRESS 16702 NW 12th St
CITY-ST-ZIP Pembroke Pines FL 33028 ☒ Change ☐ Addition

TITLE TD
NAME GALLARDO, CARLOS
STREET ADDRESS 3511 NW 16TH STREET
CITY-ST-ZIP MIAMI FL 33125 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE President
NAME Hernandez Gerardo
STREET ADDRESS 9241 SW 134 PL.
CITY-ST-ZIP Miami, FL 33186 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Sec./Tre.
NAME Briz, Juan
STREET ADDRESS 1519 Sarria Ave
CITY-ST-ZIP Miami, FL 33146 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V/P
NAME Sherman Thomas
STREET ADDRESS 218 Almeria Ave
CITY-ST-ZIP Coral Gables FL 33134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-08-00

Date

904-741-0300

Daytime Phone #

CR2E034 (9/99)