

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90172 020 ***150.00

DOCUMENT # P97000065520

1. Entity Name **AVAQ MOONEY, INC.** Name Changed to: **AVAQ Group, Inc.**

Principal Place of Business **10220 SW 135TH STREET MIAMI FL 33176**
 Mailing Address **329 GRANELLO AVENUE CORAL GABLES FL 33146-1806 US**

2. Principal Place of Business **c/o Mooney Aircraft**
 Suite, Apt. #, etc. **Louis Schreiner Field**
 City & State **Kerrville, TX 78028**
 Zip **78028** Country **USA**

3. Mailing Address **As Above**
 Suite, Apt. #, etc.

4. FEI Number **65-0770258** 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

UNITED STATES REGISTERED AGENTS INC
329 GRANELLO AVENUE
CORAL GABLES FL 33146

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 _____ (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	D & Officer	<input type="checkbox"/> Delete
NAME	DOPP, PAUL S	
STREET ADDRESS	10220 SW 135TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D & Officer	<input type="checkbox"/> Delete
NAME	DOPP, CHRISTIAN E	
STREET ADDRESS	10220 SW 135TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert H. Hood	
STREET ADDRESS	112 Regents Place	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Lutz	
STREET ADDRESS	3966 Pleasant Lake Road	
CITY-ST-ZIP	Ann Arbor, MI 48103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL

4-25-00 (830) 792 2901

Date

Daytime Phone #

CR2E034 (9/99)