

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**
 3. Mailing Address: **As Above**

Suite, Apt. #, etc.: **Louis Schreiner Field**
 Suite, Apt. #, etc.:

City & State: **Kerrville, TX 78028**
 City & State:

Zip: **78028** Country: **USA**
 Zip: Country:

4. FEI Number: **65-0770258**
 Applied For: Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
UNITED STATES REGISTERED AGENTS INC
329 GRANELLO AVENUE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
 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	
TITLE: D & Officer NAME: DOPP, PAUL S STREET ADDRESS: 10220 SW 135TH STREET CITY-ST-ZIP: MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE: D & Officer NAME: DOPP, CHRISTIAN E STREET ADDRESS: 4 Amber Glen CITY-ST-ZIP: San Antonio, TX 78257	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: Director NAME: Robert H. Hood STREET ADDRESS: 112 Regents Place CITY-ST-ZIP: Ponte Vedra, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Director NAME: Denise Lutz STREET ADDRESS: 3966 Pleasant Lake Road CITY-ST-ZIP: Ann Arbor, MI 48103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: **4-25-00** (830) 792 2901 Daytime Phone #

CR2E034 (9/99)