

2000 UNIFORM BUSINESS REPORT (UBR)

2/2:

FILED

Apr 19, 2000 8:00 am
Secretary of State

02-25-2000 90005 035 ***150.00

DOCUMENT # P97000071744

1. Entity Name

P.R. AIRCRAFT SERVICES, INC

Principal Place of Business

Mailing Address

19125 S.W. 177 AVE.
FL 33187

19125 S.W. 177 AVE.
MIAMI FL 33187-2003

2. Principal Place of Business

4401 NW 74th Av.

3. Mailing Address

19125 SW 177 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0776029

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33187

Country

USA

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

RODRIGUEZ, RAUL
19125 S.W. 177 AVE.
MIAMI FL 33187

Name

PEDRO LORENZO

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

19125 SW 177 Ave.

City

Miami

FL

Zip Code

33187

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

Pedro J. Lorenzo

3-12-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEDRO, LORENZO 19125 S.W. 177 AVE. MIAMI FL 33187	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, RAUL 19125 S.W. 177 AVE. MIAMI FL 33187	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO L. LORENZO

Date

2-16-2000

Daytime Phone

786-331-9053

Pedro J. Lorenzo

3-12-2000

CR2E034 (9/99)