

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075670

1. Entity Name

T.V.K. AVIATION SUPPLY, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90139 027 ***150.00

Principal Place of Business

~~1800 NW 119 AVE~~
~~PEMBROKE PINES FL 33026~~

Mailing Address

~~1800 NW 119 AVE~~
~~PEMBROKE PINES FL 33026~~

2. Principal Place of Business

8625 N.W. 54 ST

3. Mailing Address

8625 N.W. 54 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33166

Country

DADE

Zip

33166

Country

DADE

4. FEI Number

65-0826203

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUJILLO, EDUARDO

~~1800 NW 119 AVE~~

~~PEMBROKE PINES FL 33026~~

Name

TRUJILLO, EDUARDO

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

8625 N.W. 54 ST

City

MIAMI

FL

Zip Code

33166

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/09/01

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, 2001 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 PD
NAME TRUJILLO, EDUARDO
STREET ADDRESS ~~1800 NW 119 AVE~~
CITY-ST-ZIP ~~PEMBROKE PINES FL 33026~~

☐ Delete

TITLE SD
NAME VELAZQUEZ, JOSE A
STREET ADDRESS 2341 SW 21 TERR
CITY-ST-ZIP MIAMI FL 33145

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1/09/01

Date

954 684 3130

Daytime Phone #

CR2E034 (10/00)