## 2000 UNIFORM BUSINESS REPORT (UBR)

## $\mathtt{FILED}$ Aug 31, 2000 8:00 am Secretary of State DOCUMENT # **P97000088059** 1. Entity Name VENESOL AIRCRAFT SERVICES, INC. 08-31-2000 90001 027 \*\*\*550.00 Principal Place of Business Mailing Address 2360 NW 66 AVE 9220 SW 35 STREET **BUILDING 701** MIAMI FL 33165 **UUUUXI874** MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State --65-0794170 Not Applicable Ζip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTINEZ, JOSE R Street Address (P.O. Box Number is Not Acceptable) 9220 SW 35 STREET **MIAMI FL 33165** Zip Code City FL 8. 🗽 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE C Oelete NAME MARTINEZ, JOSE R STREET ADDRESS STREET ADDRESS 9220 SW 35 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME ومبد STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 OFFICER OR DIRECTOR

AUG 24. 2000

(305) 632-823

Daytime Phone #