2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90093 003 ***150.00

DOCUMENT # P98000019369

Entity Name

CONFIDENCE AVIATION, INC.

843082

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
NW 50 ST FL 33166	7605 NW 50 ST MIAMI FL 33166-4701

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Same	Suite, Apt. #, etc. Same
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0840079 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, ALEXIS R
20102 NW 62 AVE
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: _____ 4/25/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P HERNANDEZ, ALEXIS R 20102 NW 62 AVE MIAMI FL 33015	☐ Delete	TITLE P NAME Hernandez, Alexis R STREET ADDRESS 18864 NW 64 ct. CITY-ST-ZIP Miami, FL 33015	☒ Change ☐ Addition
P PERRERA, ROBERTO 20102 NW 62 AVE MIAMI FL 33015	☐ Delete	TITLE P NAME Rerera, Roberto STREET ADDRESS 10000 NW 80 ct. CITY-ST-ZIP Hialeah Gdns, FL 33016	☒ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 4/25/00 305-392-6291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #