2000 UNIFORM BUSINESS REPURT (UPD)

FILED DOCUMENT # P98000055794 May 03, 2000 8:00 am 1. Entity Name AERO-MAINTENANCE, INC. Secretary of State 05-03-2000 90042 003 ***150.00 Mailing Address Principal Place of Business 700 EAST DANIA BEACH BOULEVARD 700 EAST DANIA BEACH BOULEVARD SUITE 202 SUITE 202 DANIA FL 33004-3031 DANIA FL 33004 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0846244 City & State Not Applicable City & State \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Country Zip 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VIVIES, PATRICK 700 EAST DANIA BEACH BOULEVARD SUITE 202 Zip Code FL **DANIA FL 33004** City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable SIGNATURE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible Added to Fees After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (See criteria on back) 12. OFFICERS AND DIRECTORS Addition ☐ Change 11. TITLE Delete TITLE NAME VIVIES, PATRICK 700 EAST DANIA BEACH BOULEVARD, SUITE 202 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition **DANIA FL 33004** Change CITY-ST-ZIF TITLE Delete TITLE NAME ROMERO-MARIN, EVANGELINA NAME STREET ADDRESS 700 E DANIA BCH BLVD STE 202 STREET ADDRESS CITY-ST-ZiP ~ 1 Addition DANIA FL 33004 [] Change CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition Change CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Change CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition ☐ Change CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

^{13.} Thereby 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.