

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086395

1. Entity Name

OSHKOSH PILOT SHOP, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90131 001 ***150.00

Principal Place of Business

Mailing Address

~~7055 N.W. 29TH STREET~~

~~UNIT 158~~

~~MIAMI FL 33122~~

~~US~~

~~7055 N.W. 29TH STREET~~

~~UNIT 158~~

~~MIAMI FL 33122-1119~~

~~US~~

2. Principal Place of Business

5249 N.W. 36th street

3. Mailing Address

5249 N.W. 36th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0870258

Applied For

Not Applicable

Zip

Country

33166

Zip

Country

33166

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

RIVAS, JOSE FELIX

7855 N.W. 29TH STREET

UNIT 158

MIAMI FL 33122

Name

DAVID THIES

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

5249 NW 36 STREET

City

MIAMI

FL

Zip Code

33166

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 entity, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/04/00

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 ☐ Delete
NAME PD
STREET ADDRESS THIES, DAVID
CITY-ST-ZIP 5249 N.W. 36TH STREET
MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD
STREET ADDRESS RIVAS, JOSE FELIX
CITY-ST-ZIP 7855 N.W. 29TH STREET
MIAMI FL 33122

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

~~DAVID THIES~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/00

Daytime Phone #

305-882-2720

CR2E034 (9/99)