

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086910

1. Entity Name
DELOS AVIATION, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90319 030 ***150.00

Principal Place of Business 1685 WEST COMMERCIAL BLVD. HANGER #42-A FORT LAUDERDALE FL 33309	Mailing Address 1685 WEST COMMERCIAL BLVD. HANGER #42-A FORT LAUDERDALE FL 33309
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2. Principal Place of Business 1811 NW 51 STREET Suite, Apt. #, etc. HANGER # 42A	3. Mailing Address 1811 NW 51 STREET Suite, Apt. #, etc. HANGER # 42A
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City & State FT. LAUDERDALE FLORIDA	City & State FT. LAUDERDALE FLORIDA
Zip 33309	Zip 33309
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0869164	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent YITZHAK, BACHAR 1685 W COMMERCIAL BLVD HANGER #42-A FT LAUDERDALE FL 33309		
7. Name and Address of New Registered Agent Name: YITZHAK BACHAR Street Address (P.O. Box Number is Not Acceptable): 1811 NW 51 STREET HANGER # 42 A City: FT. LAUDERDALE FL Zip Code: 33309		

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] (NOTE: Registered Agent signature required when reinstating) DATE: 2/27/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BACHAR, YITZHAK 520 NORTHWEST 101ST AVE. CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BACHAR, YITZHAK 225 LAKEVIEW DR. CORAL SPRINGS FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DELMONACO, FRANK 6706 NORTHWEST 93RD AVENUE TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] [Signature] [Signature] DATE: 2/27/01 DAYTIME PHONE #: 954-771-1050

CR2E034 (10/00)